08	28	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		Item#9, FilmChol 6/AEDRCAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. さる・a	1.	PLACE OF BEATH COUNTY STATE OUT TO STATE TO STATE TO STATE THE STATE OF THE STAT
or. Pa	-	b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
S S S S S		write RURAL and give neerest town) Ural Sylkesville to hour Baltimore City
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Old Liberty Road on A FARM? VEST NO STREET ADDRESS UNDERSTONDED on A FARM? VEST NO STREET ADDRESS ON A FARM?
any elain Stal		NAME OF First Middle Lest 4. DATE Month Dey Year OF
ath. If the state of the state	-	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and Sand		MALE White WIDOWED DIVORCED 12-6-1911 6628. Months Days Hours Min.
age 1 and 1 and 1 with	10e do	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
M3. I M3. I pages	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
A Give		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ed with 18 vith fermit and 1	(Ye	as, no, or unkown) (Ifyesgivewer or detes of service) ? Mrs. Ruby Ables Batto. Md.
ong vonsit proval,		18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROWNING ONSET AND DEATH STO MINUTES ONSET AND DEATH
d be penc jice a rial-tra		9/0 DUE TO
shoul shoul s Off a bu		Conditions, if any, which (b)
ficate endin miner ed as remat		(a), stelling the undarlying DUE TO cause lest. (c)
rd "p rd "p il Exa be us rial, c	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
t: This he wo	CERTIFICATION	206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)
inne thief hief hief h	CAL CE	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
KAIM he Che C	MEDIC	Hour e.m. 6:00 6 1619 68 While Not While at work A Liberty Dain Syksuile Carrell Mil
rifficate ed to the company of the c		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
DIRECTION COSIGnated		death resulted from: Natural causes, Accident X, Suicide, Homicide, Undefermined manner
Y I Cute for AL Dists de		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED
TO A PA		EXAMINER'S NAME (Type) Tulius Chepko MP Address (Street, city, town, or county star \$116/68
O DEP please 4 shoul O FUN Health	22e	BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stole)
VR A15ME	23	
The Colonial		LUPAIN H. HOLDIE Judge TIM 18 1968 Charles Judges

a-14A synon Light William THE TOTAL CONTRACT OF THE STATE paration in G patricular of primarial the man always was and the transfer of Filhering Country To 100and the Harrist Supercoulder that were a sess of many from

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b, COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 and give neggest NAME OF HOSPITAL in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Day Year DECEASED "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the xaminer's Office along with form PM3. Page 5 may be required as burial-transit permit. File Dages 1 and 3. OF (Type or print) DEATH age 5 may be related and 2 with the within 72 hou 19 5. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED yrs. iva kind of work foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working ine, even if retired) evenf 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit, File pa 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) EXAMINER: This certificate should be exacuted 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] removal, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5-10 MINUTES **DUE TO** ò Conditions, if any, which (b) cremation, gave risa lo immediate causa , writing the word "pending" to Chief Medical Examiner's Page 3 should be used as a put, prior to burial, cremation DUE TO (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ONE NO X 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. the Ch. Y 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 2Df. (City or town) (County) (Stete) agent, jactory, street, office bldg., etc.) While Not While Md DIRECTOR: at work at work directl 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Accident Homicide Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER lease execute should be for ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY 6 TO FULL EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. CEMETERY OR CREMATORY OH #4a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR VR ATSME 5M 1/62 DATE

14. Parallel Control Control of the Cont 25 ST ST ST ST STATE STATE AND MINES THE THE SHEET SHEET SHEET SHEET SHEET THE WAR HAND SEREN WELLEN MINTER ANDER CONTE pain-ex O - -BOARD DU 2 non-term after Mr pelanius bit there is a supported and great or an in the state of the Stand Survey 1 12 Warm William K 1425 CHEPHO appropriate the sold is to the first through the sold of the sold

STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where decessed fived, If institution, Residence before edmission) b. COUNTY 244 MARYLAND b. CITY OR TOWN (if outside corporete limits e. LENGTH OF STAY IN 16 OWN (Noutside corporate limits, write RURAL and give naarast town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO NO NAME OF Middle DATE Yeer Month DECEASED OF DEATH (Type or print) with 72 h B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give wer or dates of service) e 5 Current 18. CAUSE OF DEATH |Enter only one cause par INTERVAL BETWEEN Office along burial-transit p removal ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5-10 MINUTES IMMEDIATE CAUSE (e) DUE TO ò Conditions, if any, which (b) cremation, (0) gave rise to immediate cause DUE TO 50 (a), steting the underlying nsed ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? pe burial, NO X should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) 2De. EXTERNAL CAUSE WAS 2 PRIMARY OF CONTRIBUTING Chief / CAUSE OF DEATH. JUL IMMINA the Chie 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yaer 20f. (City or town) (County) (Stelle fectory, streat, office bldg., etc.] While Not While direcill et work et work -I Dert DIRECTOR: Inspection 🔀 please execute tertifical 4 should be forwarded to TO FUNERAL DIRECTOR Health or its designated a 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER T. ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Westminster, M. NAME (Type) 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, MEMOVAL (Spacify) 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME 5M 1/62 DATE

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Give Pag rm PM3.

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ertificate, writing the word

Examiner

Medical

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EXAMINER: This certificate should

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

J8295

		ASED-NAME or print)	First Anni		Middle Virginia	D	lost anker t	2a. DATE O	F DEATH Month Do	v Year	2b. HOUR
	3. SEX			4. RACE			S. DATE OF BIRTH	June	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	2:45 IF UNDER 24 HRS. HOURS MIN.
L		male			hite		Sept. 3, 18		88 YRS.	INDIVITIO DATE	THOUSE WHILE
	70. BiR country Car	HPLACE (State or fore) rroll Co.A	ign 7b	CITIZEN OF 1	WHAT COUNTRY?	8. MARRIED [WIDOWED [■ NEVER MARRIED ■ ■ DIVORCED ■	9. COUNTY O			64
90	IO. C!TY	OR TOWN OF DEATH		11.	NAME OF HOSPITAL OR IN	STITUTION (If no Hom	t in hospitol e. 120. U during escent- Hou	SUAL OCCUPATION	(Kind of work done	12b. KIND OF INDUSTRY Own h	
06	30. US			lived, if instit 13b. COUNTY	ution: Residence before	13c. CITY OR Silver	TOWN 13d. INSIDE CI	TY LIMITS? 13e. S	TREET AND NUMBER		
1	14. FAT	HER'S NAME First		Middle	Last		MOTHER'S MAIDEN NAM		Middle		Lost
		. Jero	me	-	Dutt	erer	Mar	y Ellen	Hu11		
	16a. W	AS DECEASED EVER IN I		FORCES?	16b. SOCIAL SECURITY	40 5	IFORMANT		Address		
		na, ar unknawn) (II			212-24-64	61-B I	larvey L. B	ankert.	Westminste	r. Md.	R.D.2
	18	PART 1. DEATH WAS	Enter only o	ne cause per	line for (m), (b), and (c	1.)	4_			BETWEEN O	NSET AND DEATH
			MMEDIATE	CAUSE (a)	ma	nu	6N			11	20.
	100	706 funditions, if any, which	h anve)	DUE TO, OF	AS A CONSEQUENCE OF	1-	rascular	cin	Cent	1 m	0.
	nis	e ta immediate cau:	se (o), ((b)	AS A CONSEQUENCE OF		escució	acco	<u> </u>		
		oting the underlying	couse	(c)	AS A CONSEQUENCE OF						
	P	ART 2. OTHER SIGNIFIC	ANT CONDIT		BUTING TO DEATH BUT I	OT RELATED TO	THE TERMINAL DISEASE (OR CONDITION GIV	N IN PART 1(a)		
	Z	3/X							.,		
3.	CERTIFICATION	o. DATE OF OPERATION	19b. COM	IDITION FOR V	VHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY? YESNO		F YES, WERE FINDINGS (S OF DEATH?	CONSIDERED IN CE	RTIFYING
	3 [o. ACCIDENT WAS UN or contributingcau either, notify medica	SE OF DEATH	HOUR A.N		21c HC	W INJURY OCCURRED (É	nter nature of inj	ury in Part 1 or Part 2,	Item 1B.)	
	Ý	id. INJURY OCCURRED /hile Nat while wark	21e. PL	CE OF INJURY	(AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	CTORY.) 21f. LO	CATION Street or R.F.D.	No. Cit	ar Tawn	County	State
	2	saw the deced	sed alive	an	ttended the decease (did nat) view the	19 6 6, and	that in (my) (aur)	pinian death	accurred an the de	bC, that ate and have	(I) (we) la and fram th
	2:	b. SIGNATURE	me.	ū	Chapko	MY DEGR	ATTEMPING —	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	8
1	22	d. PHYSICIAN'S NAME (Type)	Ju	lus	Chepk	9	22e. ADDRESS	rooms	+ Uest	minst	i he
1	23a. B	URIAL, CREMATION, EMOVAL (Specify)	23b. DAT	E	23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCAT	ON (City or Town)	(County)	(State)
2	_		7	13/68		larys Co			Run, Carr		
VI	24710	NERAL DIRECTOR	14	siel?	ADDRES		1598	D BY REGISTRAR	8 25h REGISTRAR'S	SIGNATURE	

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after death.

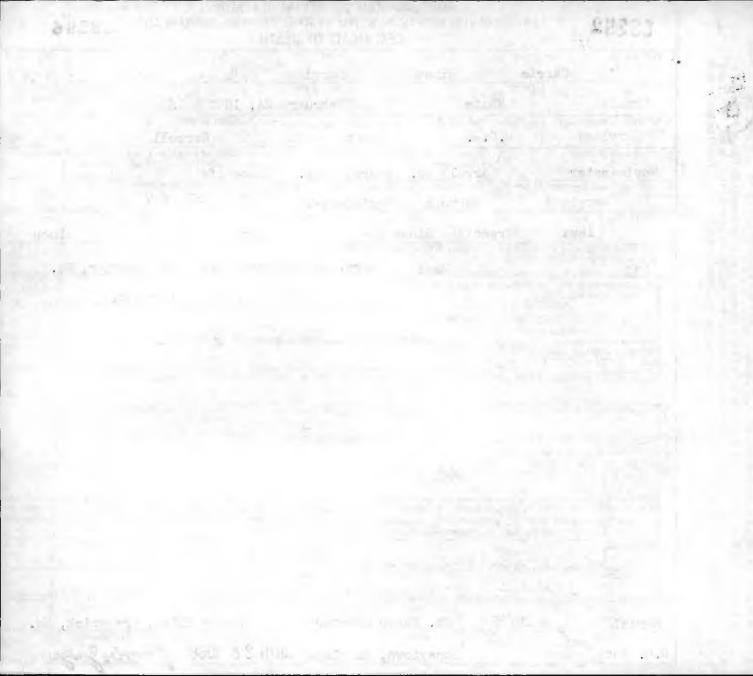
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

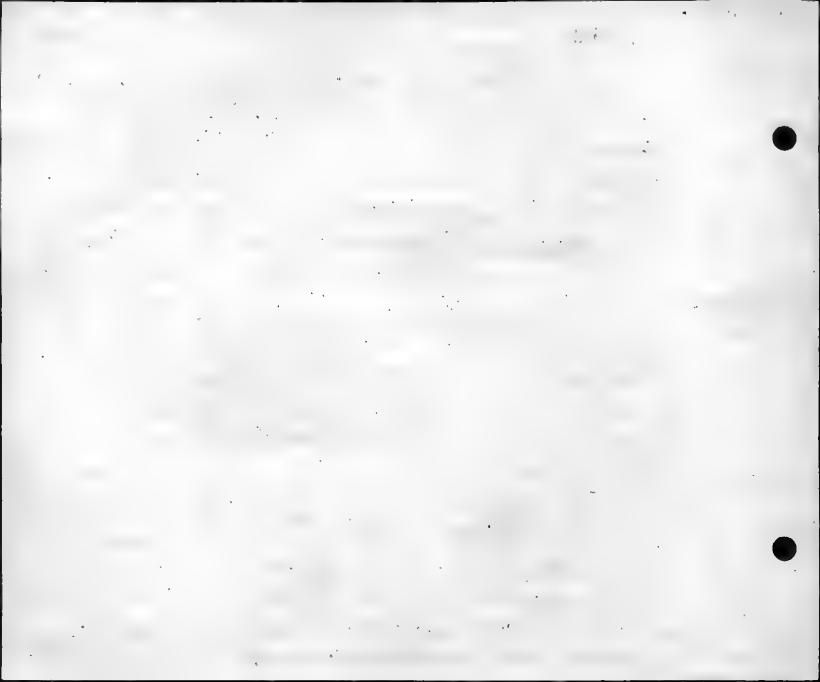
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CERTIFICATE OF DEATH

					CPICITIO !	CAIL OI	PERMIT							
1. DECEASED-NAME		First		Middle		Last		2a. DATE	OF DEATH		,	2b. HOUR		
()	Type ar print)	Car	rie	Hinea		Barri	Barrick		June Month 26		1965 1			
3. SI	EX		4. RACE			S. DATE OF 8	1RTH	0	6. AGE (In years	HE UNDER	L YEAR DAYS	IF UNDER	24 HRS. MIN.	
	Female		Whit	te		Febru	ary 24	, 1890	last hirthday) YRS		DATS	HERIKS	emet.	
	BIRTHPLACE (State o		7b. CITIZEN OF WE		8. MARRIE	D NEVER MAI	RRIED	9. COUNTY	OF DEATH					
COUL	ntry) Marylai	nd	U.S.	4.	WIDOWE		RCED		Carroll				M	
	CITY OR TOWN OF D		11. Na give	AME OF HOSPITAL OR IN	ISTITUTION (1	nat in haspital	12a. USU		ON (Kind of work done ing life, even if retired.)		CIND OF 8	USINESS	OR	
	Westmins		Cai	roll Co.	Gener	al Hosp	. Ho	usewif	e					
13a. adm	USUAL RESIDENCE (issian) STATE Ma:	Where deceas	13b. COUNTY	ion: Residence before		minster	YES N	ID X	RFD # 7					
_	FATHER'S NAME	First	Middle	Last		IS. MOTHER'S M		First	Middle			Last		
		Levi	Franc	cis Hine	a		Ma	ary]	Lohr)	
16a	. WAS DECEASED EVE	ER IN U.S. ARA		16b. SOCIAL SECURITY	NO. 17	. INFORMANT			Address					
1	res, na, ar unknawn) No	fit yes dive a	vor ar dates at service)	None	M:	rs. Ral	ph Sto	nesife	r RFD Ke	vmar	Mo			
	1	1000100	ly ane cause per li	ne far (a), (b), and (c)).)	9,1				P	APPROXIMA	ATE INTERV		
	PART I. DEAT	H WAS CAUSE	D BY: ATE CAUSE (a)	· n	you	andro	en	Justy	- with try	tue	20	4 hu		
	4100	7		AS A CONSEQUENCE OF	0		0							
	Canditians, if any,	, which gave)		67	Theres	. O. T.	-111.	7 8						
	rise to immediat	e cause (a), {	(D)	S A CONSEQUENCE OF		City Done	- 1320	-~- J						
	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF													
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
-	400													
TIO	19g. DATE OF OPERA	ATION 19b.	CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20g. AUT	OPSY?	20b	. IF YES, WERE FINDINGS	S CONSIDERED IN CERTIFYING			,	
CERTIFICATION					YES NO CAUSES OF DEATH?									
CERI	21a. ACCIDENT W	AS UNDERLYIN	IG 21b. TIME O	INJURY	21c.	HOW INJURY OC	CURRED (Ente	er nature of i	injury in Part 1 or Part 2	, Item 18.)				
MEDICAL	OR CONTRIBUTING			Manth Day Year	r									
MED	(If either, notify n			AT HOME, FARM, STREET, FA	ACTORY, 1 21f.	LOCATION Stre	et or R.F.D. No	n. 1	City or Town	Caunt	V	St	tate	
	While Nat what wark at wark		Total of House	OFFICE BUILDING, ETC.	1	200111011 3110	01 01 11.101 110		eny di rawii	Caom	7			
	22g certify	that (1) (th	is hospital) att	ended the decens	ed from	June 2	5, 196	· F ta	June 26, 1	968	that	(1) (w	e) lo	
	saw the	deceased a	live on Sur	me 26	196 F, a	nd that in (n	y (aur) op	inian deat	th occurred an the d	ate and	haur a	ind fra	m th	
		ated abav	e, (I) (we) (did)	(didenot) view the	bady ofte	r death.								
	22b. SIGNATURE		/			ATTENDI	NG -	MED.	STAFF - 22c	. DATE SIG	NED			
	10	her s	Hero	her	c D. DE	GREE PHYS.	الكام	DIRECTOR L	PHYS.	6/2	4/61	7		
	22d. PHYSICIAN'S NAME (Type)	SOF	_	HARSH		22e. AD	Guch	a st	. Wastum	it	, Su	d		
23a	. BURIAL, CREMATIO	N, 23b.		23c. NAME OF	CEMETERY C	R CREMATORY		23d. LOC	ATION (City ar Tawn)	(Caun	ty)	(State))	
	BUF LAT	1	6/29/68	Mt. Ta	bor C	emetery		Rock	y Ridge, Fr	eder	ick.	Md		
$\overline{}$	FUNERAL DIRECTOR		m sp	Les ADDRES	S			BY REGISTRA	R 2Sb. REGISTRAR	'S SIGNATU	JRE			
C	.O. Fuss	& Son	111111111111111111111111111111111111111	Taneyto	wn, Ma	aryland	DATEUN	28 19	968 Schan	les 9	uda	A.		

funeral T and 2 havrs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, from Shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 22, bacts TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar attending physician. OM REN 160





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

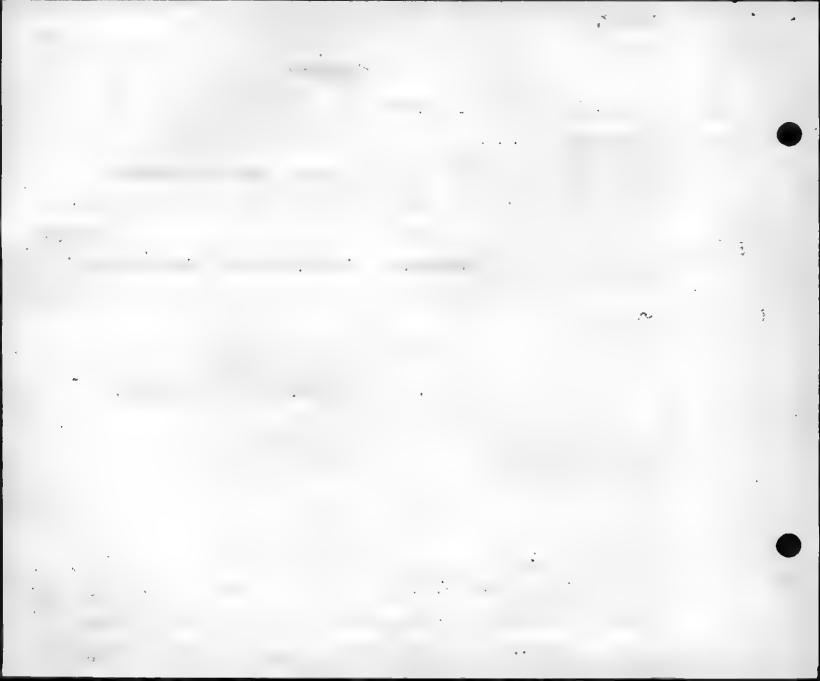
П		8020#			CERTIFICA	ATE OF DEATH				, 0		
Ī		CEASED-NAME	First	Middle		Last	20. DATE OF DEATH			2b. HOUR		
	(1	ype ar print)	1ARY	EUELYI	V 134.	ESSING	JUM2	Doy	1910	4:45 AM		
3	. SE		4. RACE			DATE OF BIRTH	6. AGE			IF UNDER 24 HRS.		
		FEMALE	- 1	VHITE		FEB 8,1	917 5	rthday) MO	ONTHS DAYS	HOURS MIN		
	o B	IRTHPLACE (Stote or fore	ign 7b CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 COUNTY OF DEATH					
L		rroll Co. M.	1D. U.	S.a.	WIDOWED	DIVORCED [CARRO	17 60	-	Md		
<u> </u>	D. C	ITY OR TOWN OF DEATH		IT NAME OF HOSPITAL OR give street oddress)	INSTITUTION (If not		AL OCCUPATION (Kind of		12b. KIND OF BUINDUSTRY	JSINESS OR		
ŰĹ	h	(ESTMINS)	TER	GNO STEEL GUILLESS	ND ST.		ast af warking life, evei	1 7 7 7 7	10 To	ctoreu		
		USUAL RESIDENCE (Where	deceosed fived, if	institution: Residence befo	re 13c CITY OR 1	OWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND	NUMBER	1 0-			
		MAI	RYLAND	CHRROLL	VUEST/	NINSTERS !!	90	BOND	1 7	- 1		
/ [1	4. F.	ATHER'S NAME First	Mi	ddle Lost	15.	MOTHERS MAIDEN RAME	First	Middle	,	Lost		
		NIL	LIAM I	CROM	4	EUA ULT	ZICKING	FR_				
		WAS DECEASED EVER IN I	U.S. ARMED FORCES? Fyes give war or dates at ser		TY NO 17 IN	FORMANT		Address	MA			
F	_	V(0	>	/45. /15	1/6/m	1 Wm. L-101	e-ssing	2441	C C S	TE INTERVAL		
-	-	18. CAUSE OF DEATH (I PART I, DEATH WAS	ênter only ane cause s caused by	per live for (a), (b), and	(c).)	20.00	201 10		BETWEEN ONS			
	- 1		IMMEDIATE CAUSE (a		and the	examens	rungh		1//2	911		
1	- 1	Conditions, if any, which gave)										
4	- 1	nse ta .mmediate cause (a), (b).										
1	- 1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
1	ı		ANT CONDITIONS COL	TRIBUTING TO DEATH BUI	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PAR	1(a)	-			
	_	17 ×	AIT CONDITIONS CO.	TROUMO TO PLATE SO	NOT REDITED TO	THE PERMITTER DISTRICT	CONDITION OF EIT IN FAIR	,(0)				
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS	PERFORMED	2Da. AUTOPSY?	20b. IF YES, WEI	RE FINDINGS CONS	IDERED IN CER	TIFYING		
	읦					YES NO TO	CAUSES OF DEAT	H?				
		210. ACCIDENT WAS UN		TIME OF INJURY	21c. HO	V INJURY OCCURRED (Ente	r noture of injury in Port	1 or Port 2, Iten	n 18)			
н	MEDICAL	OR CONTRIBUTING CAU		A.M. Manth Doy Ye P.M.	ear 19							
П	W.	21d. INJURY OCCURRED		JURY (AT HOME, FARM, STREET	FACTORY.) 21f. LOC	ATION Street or R F.D. No	. City or Town	(County	Stote		
		While Not while at work								/		
-1	J	22o. I certify that	(I) (this hospito) ottended the dece	ased from 2	-22, 196 that in (mỹ) (aur) ap	7.10.6-12	, 196	8_, that (l) (we) lost		
-1		saw the deced	above (I) (wet	(did) (did no/) riew th	and body other di	that in (my) (aur) api anth	inion death accurre	I on the date	and haur ar	nd tram the		
1		22b. SIGNATURE	en 171	(did) (did lid) / lew 1/	4 O			22c DA1	TE SIGNED _			
1		WZ	Les	11101	BRERE		MED STAFF	0 6-	-12-6	8		
-1		22d. PHYSICIAN S			- Mary	22e. ADDRESS						
	,	NAME (Type)										
2	230.	BURIAL, CREMATION,	23b. DATE,	23c. NAME	OF CEMETERY OR-C	REMATORY	23d LOCATION (City of	r Town)	(County)	(State)		
	15	REMOVAL (Specify)	6/14/	168 FUE	RUREE	VMEM.GI	PRDEN()	INKSB	URG	MD		
1	24.	FUNERAL DIRECTOR	nem Sa	ADDR	ESS .	2Sa. REC'D E	IN T 7 1968	REGISTRATES SIG	Market Ora	244.		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Por the should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after deat VR A15 (4) 30M REV. 1/68

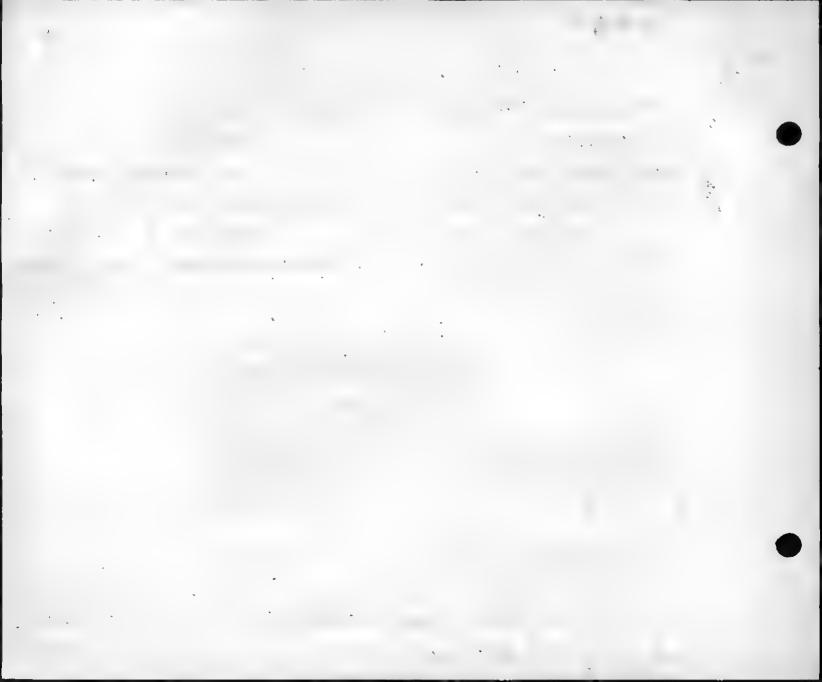
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the drath certificate be executed within 24 haurs, Page 4 may be retained by the hospital or attending physician.

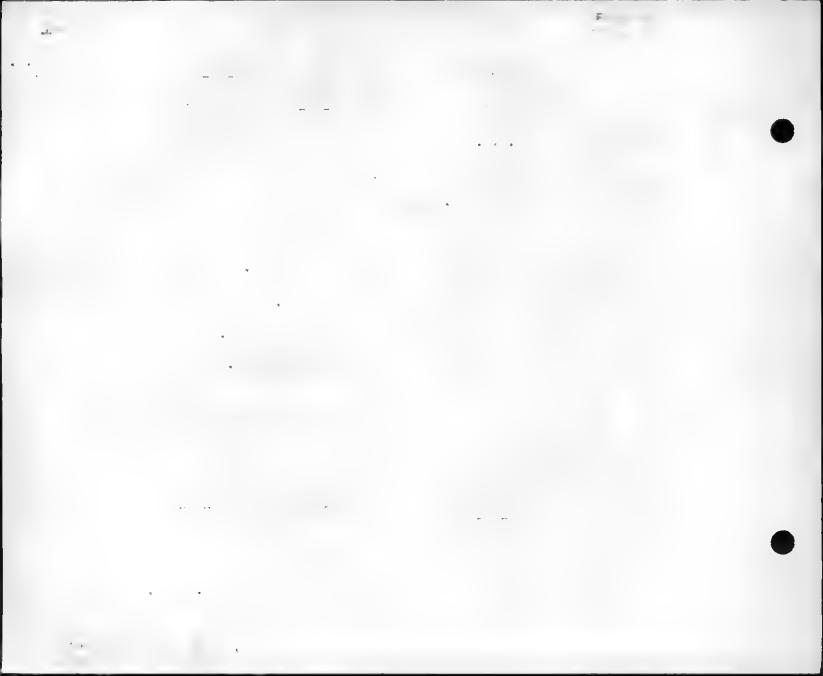


5/1 1		MARYLAND STATE DEPARTMENT OF HEALTH OF STATE DEPARTMENT OF HEALTH OF STATE DEPARTMENT OF HEALTH OF STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9
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within 24 penal in com.re s com.re s le pages 72 hours	16a (1		EX RD. #21207
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Me de t		DUE TO, OR AS A CONSEQUENCE OF food)	
J be Chief ronsi		Conditions, if any, which gove rise to immediate cause (a).	
wor wor The riol-		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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d b	CERT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	90
ter: Thi certificat nould be les. should be tion, or I	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
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10 T	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Caunty) (St
RR	24	REMOVAL (Specify) BURTAL 6-26-68 WORKMEN CIRCLE BALTIMORE MARYL ADDRESS ADDRES	
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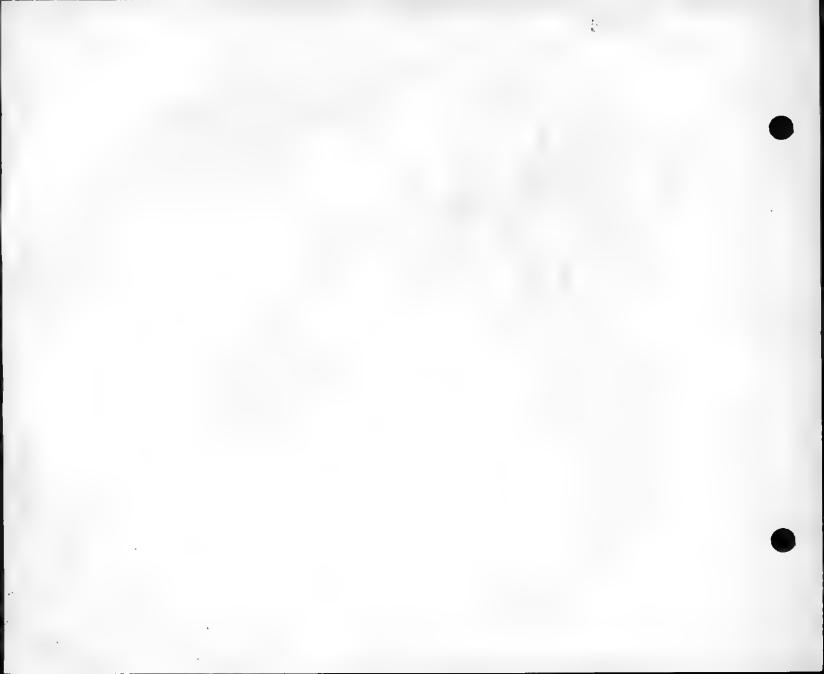
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ECT and by		death resulted fram, Natural causes 🔼 Accident 🗌, Suicide 🗍, Hamicide 🔲, Undefermined manner [
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a DATE OF DEATH 2b. HOUR RICHARD CHARLES (Type or print) gnd 6. AGE (In years IF UNDER I YEAR IF UNDER 24 NRS. last birthday) MALE physician and campletely filled in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED CHNEVER MARRIED country) papers. DIVORCED [requires that the death certificate be executed within 24 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) if institution. Residence before 13c. CITY OR TOWN admission) STATE 14 FATHER'S NAME IS MOTHER'S MAJDEN NAME First 16a. WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT Yes, no or unknown) APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH 1B CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c).
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A LONSEQUENCE OF Conditions, if any, which gave) ase to immediate cause (a), DUE TO, OR AS /A CONSEQUENCE OF stating the underlying causel PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State White Not while 22a. I certify that (!) (this haspital) attended the deceased fram..... and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased arive an. fautes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED DIRECTOR directar, page shauld be filed 22d, PHYSICIAN'S NAME (Type)7 VR A15 (4) 30M REV 1-68



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TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the Unath certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a director, page 3 should be detached for use os the buriol-tronsit permit. Then pleose remove carban papers. Page should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

38364

I DE	ECEASED-NAME	First	Middle	Lost	2o. DATE OF DEATH	2b. HOUR						
	(ype or print)	-10:	11	BURGE		loy Year 10145						
3. SE	1.7	4 RACE	101.	LE DOTE OF DIDTIL	June 24	I IF UNDER 1 YEAR 11F JINDER 24 HRS.						
3. 36	Lemale	who	te	5. DATE OF BIRTH Cing 7-	6. AGE (In years last hirthday)	MONTHS DAYS HOURS MIN.						
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14 F	FATHER S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAM	E First Middle	/ Lost						
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	WAS DECEASED EVER IN U.S.		b SOCIAL SECURITY NO	17. INFORMANT HALL	R BUREN Address	1						
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	rise to immediate couse (a), (b)											
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eZ.	21d. INJURY OCCURRED While Not while	216. PLACE OF INJURY (A	FICE BUILDING, ETC.	21f LOCATION Street or R.F.D	No. City or Town	County State						
	of work of work				11 1 211							
	22a. I certify that(()	(this haspital) attend	ded the deceased to	rom, I	(6) 7, to 6 24,	923, that (1) (we) last						
	causes stated a	saw the deceased alive an 6 2 4 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1)/(we) (did)(did nat) view the bady after death.										
	22b. SIGNATURE		1		22	c. DATE SIGNED /						
	[W. I.	t town	L M.L	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	6/24/60						
	22d PHYSICIAN'S	111 17 4	1 11 6	22e. ADDRESS	1 1	1						
	NAME (Type)	VMFOAT	ra M.L	MA	vihester,	110-21102						
23o.		23b DATE /	23c NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)						
	REMOVAL (Specify)	0/27/60	merker	W Drauch	Westminster	KA.m.						
24.	FUNERAL DIRECTOR	0- 11	ADDRESS		D BY REGISTRAR 256 REGISTRA	RS SIGNATURE						
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VR A15	SME (S)		Singlet	on Fureral	Home	Glen B	urnie	Md DATE	JUN 1	8 1968	ichan	res	1 0



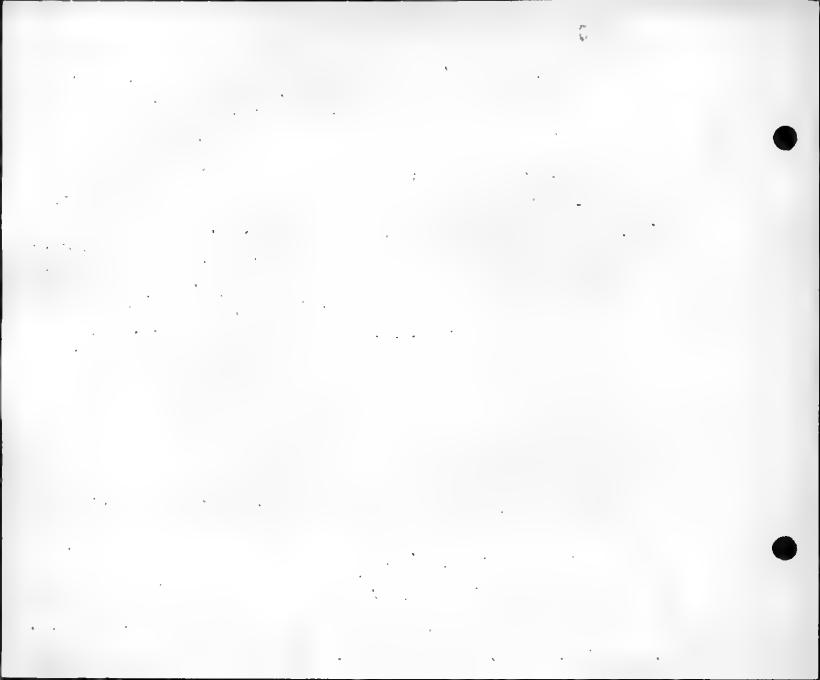
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First 2g, DATE OF DEATH DECEASED-NAME (Type or print) OM 3. SEX 6. AGE (In years IF UNDER I YEAR lost birthday) requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED WIDOWED 13. DIVORCED [12g. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito! 12b. KIND OF BUSINESS OR during most of working life Toyen if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME 1S. MOTHER S 2001 on er 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remavai, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if only, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? g CAUSES OF DEATH? YES 🗀 NO C 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 3 , 19 6 , to 43 , 19 6 , that (1) (we) last saw the deceased alive on 4 2 , 1962 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave ((i)) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, Should b BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) INGANORE 25a. REC'D BY REGISTRAR 30M REV



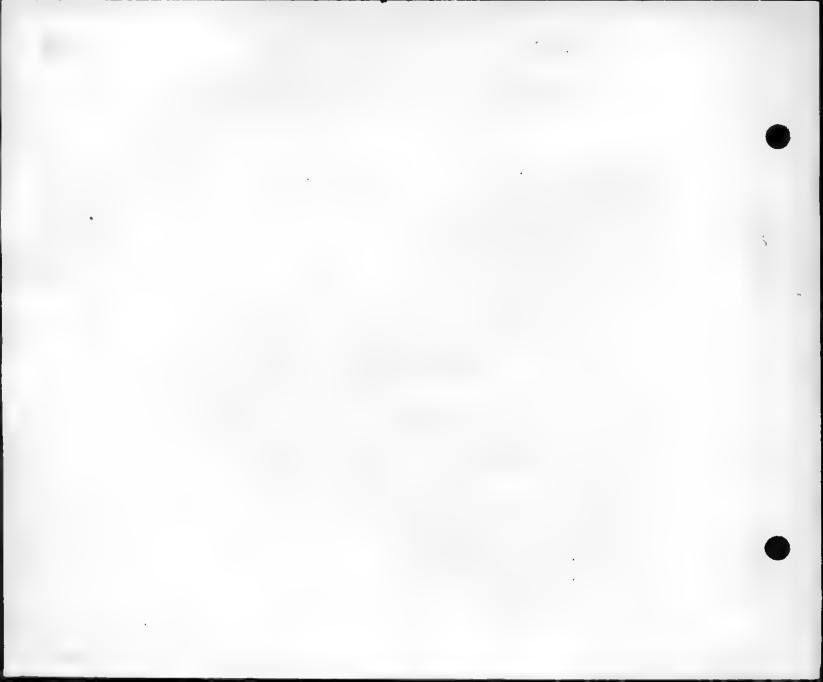
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DER -DECEASED-NAME First M ddle Last 20 DATE KNOWN (Type or Print) OF ESTI-DEATH MATED delay F UNDER 24 HRS. 3 SEX DATE PRONOUNCED DEAD Doy Mala Nov. 8, 1901 White 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED T INEVER MARRIED 9 COUNTY OF DEATH with the State Dep Maryland U.S.A. WIDOWED [DIVORCED [Carroll 11 NAME OF HOSPITAL OR INSTITUT ON (If not in haspital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
Machinist give street oddress) INDUSTRY Taneytown Clothing 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 USJA, RESIDENCE (Where deceased lived, if institution: Residence before Factory 13b. COUNTY Franklin Street Ranevtown lond2 IS, MOTHER'S MAIDEN NAME 14. FATHER'S NAME M. ddle Last Middle Harry William Clutz Myrtle Gilson haurs pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** be executed within Mrs. Albert Clutz. Taneytown. Maryland File APPROX MATE INTERVAL within CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSTO Canditions, if any, which gave rise to immediate couse (a). writing the word AUD This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . 🖃 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) \equiv 19h COND TION FOR WHICH OPERATION 190. DATE OF OPERATION 20 AUTOPSY? WAS PERFORMED? the certificote. YES [21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Part 1 or Part 2, Item 18) 210 EXTERNAL CALSE WAS should PRIMARY | OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street at R.F.D. Na City or Town County State factory, office building, etc.) HOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection V Inquiry and in my opin on Notural causes 12 Accident [deoth resulted from: Suicide Homicide Undefermined monner CHIFF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** W. Glenn Speicker NAME (Type) BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) June 10,1968 Grace Reformed Cemetery Tanevtown Mary land 24 FUNERAL DIRECTOR-C.O.Fuss







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH completely filled in by the funeral we carbon pages. Pages 1 and 2 event, within 72 hours after death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? ND X YFS xecuted within 3. NAME OF Middle DATE Month Day Year Last 4. DECEAS ED OF (Type or print) DEATH 19 5. SEX 6. COLOR DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HR\$ OR RACE remove NEVER MARRIED last birthday) Months Days Hours and removal, and In any WIDDWED DIVORCED (physician 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) please g during most of working life, even if retired) **COUNTRY?** WOO FATHER'S NAME MOTHER'S MAIDEN NAME Then death certific attending AMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit should be filed with the State Dept. of Health prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a). stating underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [YES 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 19 at work 21. I certify that (I) (this besoiral) attended the deceased from and that death occurred at 12:15 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATORE DATE SIGNED 22b. MED M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S ADDRESS 22c. 22d. director, p AME (Type) FURIAL, CREMATION, REMOVAL (Specify) 23a. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

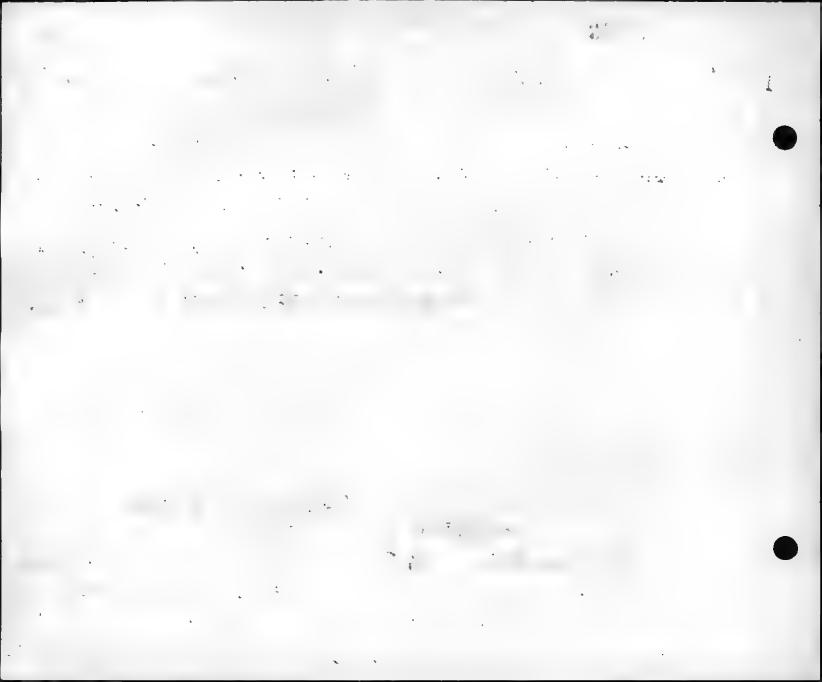


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00000		CERTIFICA	TE OF DEATH		. ~ 3	LX
	ECEASED-NAME First	Middle		Last	20. DATE OF DEATH		2b. HOUR
(1	Type ar print) MAN	PGARET	C'RO	WN	June Manth Do	y Year 4 1945	5050
3. SE	Х	4. RACE	5.	DATE OF BIRTH	6. AGE (In years	IF LINDER I YEAR	IF UNDER 24 HRS.
	F) VX	2	DEC 188	lost birthday) YRS.	MONTHS CAYS	HÖURS MIN
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEO	NEVER MARRIED	9. COUNTY OF DEATH		
LUUI	AUSTRIA	USA	WIDOWED	DIVORCED 🔲	CARROLL		Md.
10. (CITY OR TOWN OF DEATH	URAL 11. NAME OF HOSPITAL (OR INSTITUTION (If not		AL OCCUPATION (Kind of work done	12b, KINO OF B	BUSINESS OR
1/2	EW WINDSOR	give street address)	V BOAKPIN	G HOME H	ost of working life, even it retired)	OWN I	HOME
	USUAL RESIDENCE (Where decea issian) STATE	ased lived, if institution Residence be	fore 13c city OR TO	. /	MITS? 13e STREET AND NUMBER	TIMORE	· 57
14.	FATHER'S NAME First	Middle Lo	ast 15. /	NOTHER'S MAIDEN NAME F	irst Middle	7.7:11 0111-	Lost
		NOWN	1	PARGARF	T QUIT	TER	-
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	IRITY NO. 17 INF	ORMANT	1147 Address S	HERWON	DITTE
	res, na, ar unknawn) (If yes give	war or dates of service) 212-30-	9406 ELI	IABETH 1	PALSION BALT	MURE	MiD
	IB. CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUSE	inly one cause per line for (a), (b), on	id (c).)	1 1.	Aug.		AATE INTERVAL NSET AND DEATH
		NATE CAUSE (a)	risect	orabic	CVLT	1-ge	are
	1129	DUE TO, OR AS A CONSEQUENC	I OF		1 ()	-	
	Canditians, if any, which gave rise to immediate cause (a),	(b)					
	stating the underlying cause		E OF				
	lost.	(c)		,			
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH B	OUT NOT RELATED TO T	HE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 1(a)		
3	4121						
CENTIFICATION	19g. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
Ĕ				YES NO	CAUSES OF DEATH?		
5	210 ACCIDENT WAS UNDERLYI		21c. HOW	INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF OFF		Year 19				
ME	21d, INLURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETC	EFF FACTORY.) 21f. LOCA	ITION Street or R.F.D. No.	. City or Tawn	County	State
	While Nat while at work	VOTICE BOLDING, EN	` '	11. 1.	11-1-		
	22o. 1 certify that (I) (th	his hospital) attended the dec	ceased from	123/45,19		9, that	
	saw the deceased of	alive an 4/20/10	19, ond i	api (العام) (that in (my	inian death accurred on the d	ate and hour c	and from the
		re, (I) (we) (did) (didan) view	The body after de	atn.	L nn	DATE COMES	
	22b. SIGNATURE	ertran 7	49 DEGREE		AED. STAFF STAFF	DATE SIGNED	1/17
1	22d. PHYSICIAN'S			22e. ADDRESS			7-40
	NAME (Type) / /	- ROBERTS	ON	11-e	w Windson	mel	
			E OF CEMETERY OR C	REMATORY	23d EOCATION (City or Town)	(County)	(State)
	REMOVAL (Specify) 2	JULY 1968 NEV	V CATHE	DRAL	BALTIMORE	11/1)
24	FUNERAL DIRECTOR	ADI ADI	DRESS .	2Sa. REC'D R	Y REGISTRAR 2Sb. REGISTRAR	S SIGNATURE	
1	A Malakin	TATACIA / PELLE	Wind	184) DATE JU	1-5 1000 Kerry	men for	4

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hyppositer death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV, 1/68

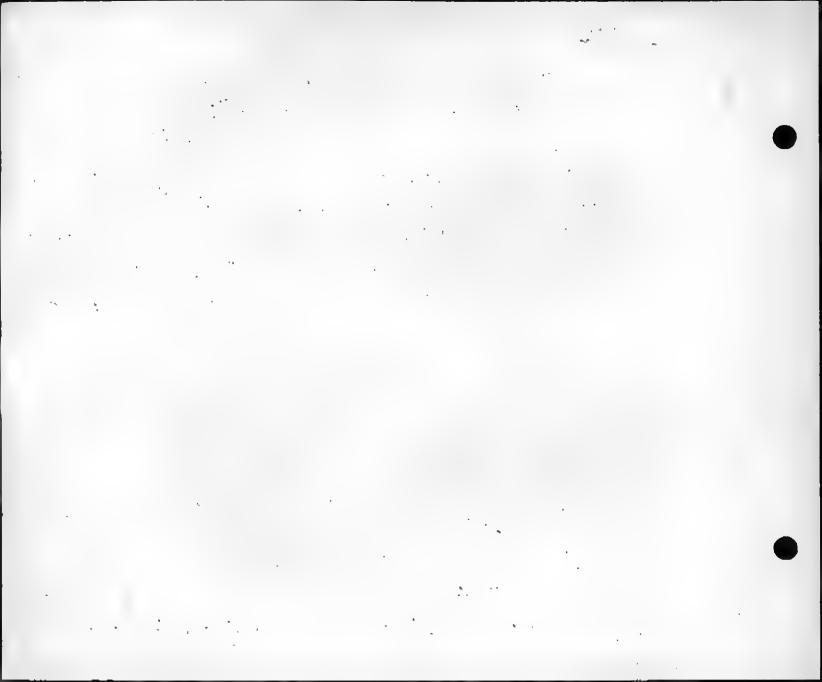


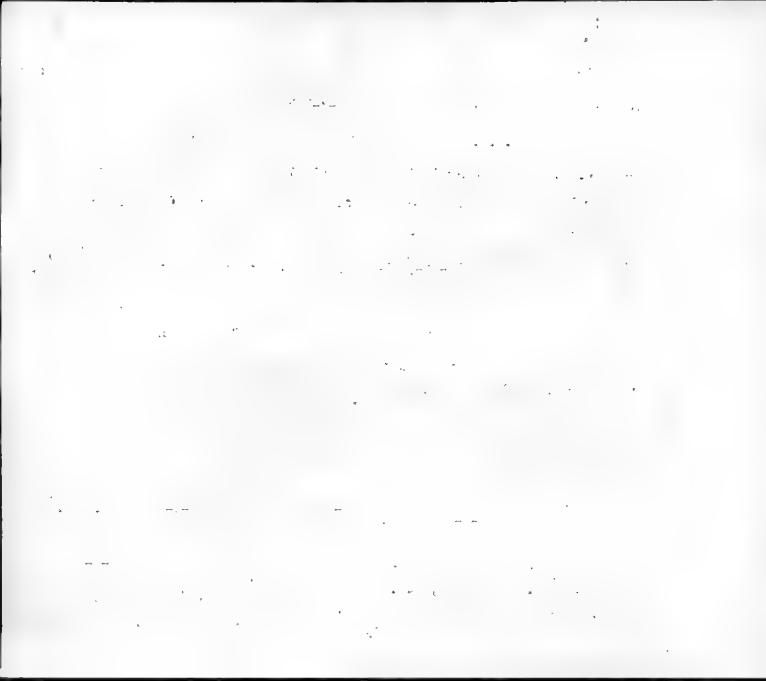




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

		CERTIFICATE OF DEATH
deoth deoth		DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) ANNIC Charlotte Daugherty June 3 050 21/10 AM
at Carried	3	SEX 4. RACE 5. DATE OF BIRTH Lette 5. AGE (in years Funder 1 year Funder 24 HRS.) Lette July 29-1892 75 785.
ow requires that the death certificate be executed within 24 hours after ading physician. been signed by the attending physician and completely filled in by the further burial-transit permit. Then please remove carbon popers. Cagan for to burial, cremation, or removal, and in any event, within 72 hours after		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Md.
within 24 sly filled son pope within 73	10.	MANCHESTER 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 126 KIND OF BUSINESS OR during most of working life, even if retired.) 126 KIND OF BUSINESS OR HOUSEN
equires that the death certificate be executed within 24 hour. physicion. signed by the ottending physicion and completely filled in be burial-transit permit. Then please remove carbon popers. burial, cremation, or removal, and in any event, within 72 hour	13 c	S USUAL RESIDENCE (Where deceased lived, if institution; Residence before ission) STATE Da 13b. COUNTY VALK Co near Fireld. YES NO REPORT NO REPOR
he exe n ond c se remo	14.	FATHER'S NAME First Middle Shaffer Is. MOTHERS MADEN NAME First Middle Weaver
ertificate by physicion on please lovol, and it	16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Unknown) (1 yes give wor or doles of service) 176-26-1694 Burell Daughert Mirrch Pster, and
e deoth cer ottending p permit. The ion, or remo		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoline Stomach APPROXIMATE INTERVAL BETWEEN ONSET AND GRAIN PART I. DEATH WAS CAUSED BY:
t the de the otte sit perm nation, o		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave
quires thot physicion. signed by 1 burial-trans		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF
r required by sign sign to burie	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
SICIAN: The low rer spital or attending I ertificate has been s ed for use os the be of Health prior to b	CERTIFICATION	19d. Date of Operation 19b. Condition for which operation was performed 20d. Autopsy? YES NO 19b. Condition for which operation was performed 20d. If Yes, Were findings considered in Certifying Causes of Death?
iclan: oital or tificate d for u of Heal	MEDICAL CER	and the state of t
JING PHYSICIAN: by the hospital or fler this certificate be detached for u State Dept. of Heal	W.	21d. INJURY OCCURRED While Not while at work a
ENDIN ned by R: After uld be the State		22a. I certify that (1) (this haspital) attended the deceased from 1968, to 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above (1) (we) (did) (did not) view the bady after death.
		226. SIGNATURE WH Flowed M. POEGREE PHYS DIRECTOR DIRECTO
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog should be fil	1	22d. PHYSICIAN'S NAME (Type) W. H. FUATE 22e. ADDRESS MAME (Type) W. H. FUATE 2102
TO HOS Poge 1 TO FUN directs shoul	L	a. BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY COM BIEN ROCK R. D. 3 P.T.
VR A15 (4) 30M REV. 1/68	24	ADDRESS ADDRESS DATE JUN 7 1968 OFFICIAL CONTROL OF THE PROPERTY OF THE PROPER





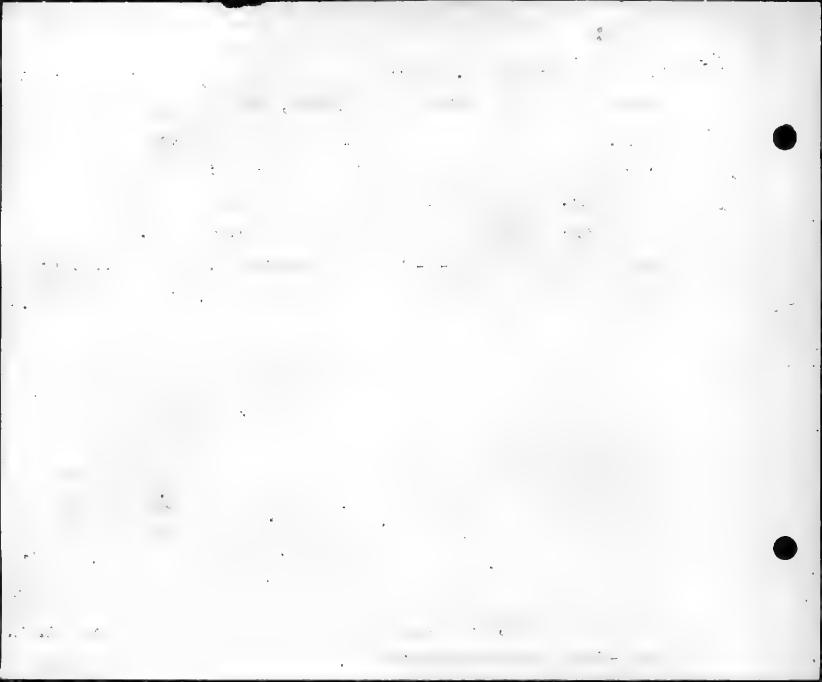
313 TO FUNERAL DIRECTOR: After this certificate has been signed by the allending plysicial and camplefely filled, in by the funeral literator, page 3 should be detached far use as the burial-transit permit. Then please remaye can appears. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

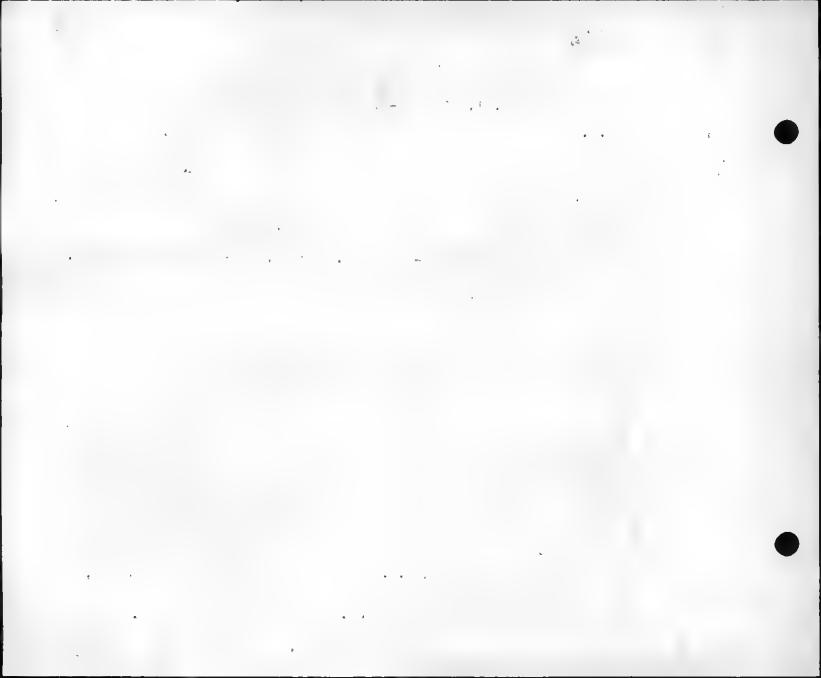
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	DECEASED-NAME First (Type or pnnt)		Mrddfe	Lost	20 DATE OF		2b HOUR				
	rispe of parity FLo	rence	R. Derr		-	June 2	Doy 1967 3 3 9				
3.	SEX	4. RACE		S. DATE OF BIRTH	C	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR				
	Female		White	June 21, 18	78	la Bythdoy)	MONTHS DAYS HOURS MI				
70	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WRA	AT COUNTRY? 8		9. COUNTY OF	-	2:1				
001	untry) Md.	USA.	ITIAKI	RIED NEVER MARRIED							
_				WED DIVORCED		arroll	The way of purposes on				
	CITY OR TOWN OF DEATH NEW Windsor		ME OF HOSPITAL OR INSTITUTION reet oddress)			(Kind of work don					
		ľ	. 100				<u> </u>				
130	USUAL RESIDENCE (Where deceos	ed lived, if institution 13b. COUNTY C	on: Residence before 13c. CIT	Y OR TOWN 136 INSIDE CITY		REET AND NUMBER					
	mission) STATE Md.	130, 600(11	MILLOTT NOM	Windsor YES	10 🕌	Rt 2					
14.	FATHER'S NAME First	M'ddle	Lost	IS. MOTHER'S MAIDEN NAME		Middle	Lost				
	Adam	Croft		E	arbara	Boose					
16	o WAS DECEASED EVER IN U.S. ARA		16b SOCIAL SECURITY NO.	17 INFORMANT		Address					
	YMO, or unknown) (If yes give w	vor or dates of service)	215-50-9198	Quentia	n S.	Derr	New Windsor				
F	18 CALISE OF DEATH (Enter on	ly one couse per line	e for (a) (b) and (c))				APPRÖXIMATE INTERVAL BETWEEN DINSET AND GEATH				
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Orterior level to the										
	IMMEDIA	17	Learn								
	Can distance if any subtab many s		S A CONSEQUENCE OF								
Conditions, if ony, which gove (b) (b)											
П	stoting the underlying couse										
ı	lost.	(c)									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
3	4) 2 '										
CEPTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERE										
TIER				YES NO	LAUSE	S OF DEATH?					
				1c HOW INJURY OCCURRED (Ent	er noture of inju	ry in Part 1 or Port	2, Item 18.)				
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination)		Month Doy Year								
ME	21d. INJURY OCCURRED 21e.	PLACE OF INITIRY /		1f. LOCATION Street or R.F.D. N	o City	or Town	County State				
	While Not while	0/2//2		1 10 / 1	4.						
l	of work — of work —	is haspital) atte	nded the deceased from	2/3/43/19	. 10	4/2/4	的 that (I) (wet)				
	22a. I certify that (I) (the	live on	5/30 1968	ond that in (my) Louis of	, to	occurred on the	tho (I) (we)				
	22a. I certify that (I) (the	live on	nded the deceased from	ond that in (my) Lour For	, to iinion death	ccurred on the	date and hour and from				
	22a. I certify that (I) (the	live on	did not) view the body of	ond that in (my) (out) of fter death.		occurred on the	date and hour and from the control of the control o				
	22a. I certify that (I) (the saw the deceased of courses stated above	live on	5/30 1968	fter death.	to, to	occurred on the	date and hour and from t				
	22a. I certify that (I) (the saw the deceased of couses stated above 22b. SIGNATURE	live on	did not) view the body of	fter death.	MED. ┌┐	occurred on the	date and hour and from				
	22a. I certify that (I) (the saw the deceased of couses stated above 22b. SIGNATURE	live on	did not) view the body of	ond that in (my) love of or the death. DEGREE PHYS	MED. ┌┐	occurred on the	date and hour and from t				
23	22a. I certify that (I) (the saw the deceased of couses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	live on	did not) view the body of	ond that in (my) (out of feer death. DEGREE PHYS 22e. ADDRESS	MED. DIRECTOR	occurred on the					
23	22a. I certify that (I) (the saw the deceased of couses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	olive on e, (1) (we) (did) (Robe	diction view the body of	Tond that in (my) (out) of the death. DEGREE ATTENDING PHYS 22e. ADDRESS Y OR CREMATORY	MED. DIRECTOR 23d. LOCATI	STAFF PHYS. 2 ON (City or Town)	date and hour and from to 2c. DATE SIGNED (County) (State)				
L	22a. I certify that (I) (the saw the deceased of couses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	olive on e, (1) (we) (did) (Robe	didnot) view the body of	Tond that in (my) (out) of the death. DEGREE ATTENDING PHYS 22e. ADDRESS Y OR CREMATORY	MED. DIRECTOR 23d. LOCATI	STAFF PHYS. D	date and hour and from to 2c. DATE SIGNED (County) (State)				



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(NF)	Lto	em?L,Fi	LmG.bivisiek							AND 212	01		": 8	
FOR STATEY		W (4)	4	MEDIC				ATE OF D	EATH					
HEALTH DEPT.		ECEASED-NAME Type or Print)	First OWE	7.7	Midd	ile DSEVEL:		DOXEY		20. DATE K	NOWN NOWN N	Nonth	Doy Year	2b HOUR
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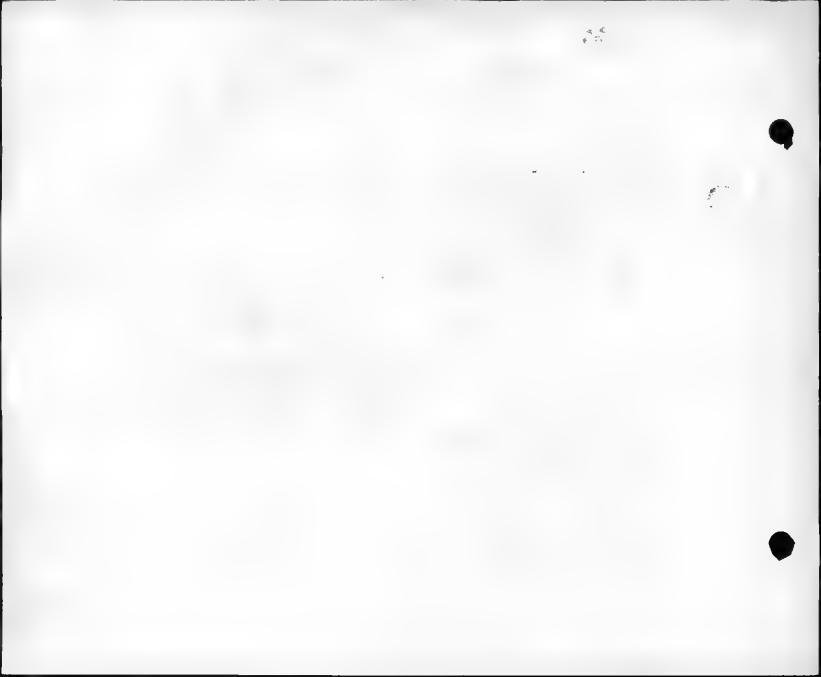
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00315

CERTIFICATE OF DEATH

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physician en please aval, and		es, na, ar unknawn) (If yes give war or dates of serv	× 7/20-16-0	303 MRS, HERBER	T. E. RUBYJR. H	VESTMINSTER
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respit certification of the	MEDICAL	(If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF IN.	P.M. 19 URY (AT HOME, FARM, STREET FAC	TORY.) 21F LOCATION Street or R.F.D. No	City or Town	County State
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Page 4 may TO FUNERAL director, page 5 should be fit	230	BURIA., CREMATION, 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
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by the fi hours 22

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this cerificate hos been signed by the ottending physican and campletely filled if director, page 3 shauld be detached for use as the burial-transit permit. Then please Temove corbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7.

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MAN MA 97 / M DUGREE ATTENDING DIRECTOR	and that in (my) (aur) opinion death occurred on the dote and hour and from the									
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22d. PHYSICIANS NAME (Type) MM Mastin MM 22e ADDRESS Westmunifer Ind.	MID 22e ADDRESS Westmunster (ud.									
	NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)									
REMOVAL (Specify) 6-24-68 St. Pauls (Martini) Baltimore, Md.	St. Pauls (Martini) Baltimore, Md.									
24. FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE									
Mitchell-Wiedefeld Home, Inc. 21212 DATE JUN 26 1968 Illiantes June	9. 21212 DATE JIIN 2 6 1988 Schooley Judge									



1/	MARYLAND STATE DEPARTMENT OF HEALTH
SOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALIH DEPT.	1 DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day Year 2b, HOUR OF ESTI OF ESTI DEATH MATER CO. 2 1968 25 MM
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- E 19	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
8 6 2	Carroll Maryland U.S.A. WIDOWED K DIVORCED Carroll Md
tem 18. Give Pages Office olong with for	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of work good bine) 120 USUAL OCCUPATION (Kind of work done during most of work good feeter) 130 USUAL OCCUPATION (Kind of work done during most of work good feeter) 140 USEWII e
frer de Give I ong w ith the	13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIGE CTY, JMINS? 13e STREET AND NUMBER
s ofter 18. Gives olong	admission) STATE Maryland 3b. COUNTY Carroll Woodbine YES NO NO
Hours Hem 18 Office Coffice Office	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	William Benjamin Hatfield Lula ?
hin 24 noth in noner's pages hours	(Yes, go, or unknown) (dyss gives wor or dottes of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Box 281
t within in pencification benceficial Examine File pog	No P19-20-1257B Francis M. Frederick Grafton W. Va.
This certificate should be executed within 24 icote, writing the word "pending" in pencil in be forworded to the Chief Medical Examiner's d be used as a bunal transit permit. File pages or remayal, and in any event within 72 hours	18 CAUSE OF DEATH (Enter only one couse per sine for (1), (b), and (c)) PART I DEATH WAS CAUSED BY: DEATH WAS CAUSED BY: DEATH WAS CAUSED BY:
Medin peri	DUE TO, OR AS A CONSEQUENCE OF 1
be e per ief / ief /	Conditions, if any, which gave)
型をむ 星を	rise to immediate cause (a) Staring the underlying cause DUE TO, OR AS A CONSEQUENCE OF
This certificate should be ecote, writing the word "pelet forworded to the Chief be used as a bunol transit or remayol, and in any ever	(c) Neatelles
is certificate she, writing the volume forworded to the used os o bur removol, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)
ifica tring order	2 360X
certification or wor used imavo	19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO STEENAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of nighty in Part 1 or Part 2, Item 18)
This crote, be for the u	YES NO ST
= -	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M.
INER: e certifi should files. 3 should	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e P.ACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Store
(AM) le th le 4 lour oge crem	WHILE NOT WHILE of factory, office building, etc.) AT WORK AT WORK
DEPUTY DICAL EXCESSARY, please executive funeral director. Page may be retained for yelloweral DIRECTOR: Peulify prior to burial,	22a certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry, and in my apinion
Ed a ge	death resulted from Natural couses , Acrident , Suicide , Hamicide , Undefermined manner
please of I directa	ACTUAL / 12 PO CHIEF MEDICAL EXAMINER ()
TY, ple prior prior	SIGNATURE ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED
DEPUTY ressary, p e funerol moy be n FUNERAL solth pric	EXAMINER'S NAME (Type) Dr. W. Glenn Speicher DEPUTY MEDICAL EXAM. NER ADRESS STORY OF SHANNER DEPUTY MEDICAL EXAM. NER ADRES STORY OF SHANNER DEPUTY MEDICAL EXAM. NER DEPUTY MEDICAL E
o DEPUTY necessary, the funero 5 moy be o FUNERAL	NAME (Type) Dr. W. Glenn Speicher ADRESSTREE CHOR OF GUILLIAM COLL (COUNTY) OF STREET CHORAGON (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY)
	REMOVA, (Specify)
124	Burial 6/5/1968 Morgan Chapel Carroll, Md. 24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REG STRAR 25b. REG STRARS SIGNATURE
VR A15ME (5) 10M REV 1768	0. M. Waltz, Box 241, Sykesville, Md. DATE 111N 5 1988 Ochowle, Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

132

		0,001,0		(ERHFI.	CALE OF	DEATH				2.50	
		CEASED-NAME First spe or print) SAR	AH EVA	Middle JACKS	ON	Lost		20. DATE OF		Doy1968 ^{eq}	2b. HO	UR
	3. SE		4. RACE	UAUKO	OW	S. DATE OF BIR	RTH	Journe	6 AGE (In years			HRS
		Female	Cau	•		June 2		35	lest_birthday)	YRS, MONTHS D	AVS HOURS	MIN.
	7a. B	trv)	7b. CITIZEN OF WHAT	COUNTRY?		NEVER MARK	RIED	9 COUNTY OF Carro				
		Md.	U.S.A.	AF HARDEN AD INC	WIDOWED		CED XX			Lag. man	AS DURANTES OF	Md
j		ITY OR TOWN OF DEATH Noodbine	give stre	OF HOSPITAL OR INS et address) dbine Est	anunon(n tate	not in hospital			Kind of work do		D OF BUSINESS OF	R
6	13a. admi	USUAL RESIDENCE (Where deceased ssion) STATE Md.		Residence befare	13c. CITY O		YES NO	. —	REET AND NUMBER odbine R			
1	_	ATHER S NAME First	Middle	Lost	1	S. MOTHER S MA	DEN NAME F	irst	Middl	le	Lost	_
		William	Jack	sen		Sara	h Eva	Broc	k			
		WAS DECEASED EVER IN U.S. ARME		b. SOCIAL SECURITY N	10. 17.	INFORMANT			Addres	SS		
	Y	es, no, or unknown) (If yes give wor	ordates of service)	<u>13⊶16⊶55</u> !	93A N	irs. Mar	у Ј . І	lolden,	8 Middl	eton Ct	. 2121	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT Canditions, if any, which gove is a immediate couse (o), stating the underlying couse	BY. E CAUSE (o) DUE TO, OR AS (b)	TO (a), (b), and (c). A CONSEQUENCE OF	. (Ch. A	eyar	bre and	elan C		PROXIMATE INTERVAL FEN ONSET AND DEAD TYPE TYP	
		PART 2. OTHER SIGNIFICANT COND	(c)	G TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE ORG	CONDITION GIVE	N IN PART I(o)	7_	1	
	N											
X,	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI YES NO CAUSES OF DEATH?				IGS CONSIDERED	IN CERTIFYING	
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (If either, natify medical examine	HOUR A.M.	IJURY Manth Day Year 19		HOW INJURY OCCI	URRED (Ente	r nature af inju	ry in Port 1 or Par	rt 2, Item 18.)		
		21d INJURY OCCURRED 21e. P While Nat while of work	PLACE OF INJURY (AT						or Town	County	Stot	
		22a. I certify that (I) (this saw the deceased all causes stated abave,	ve on fine	25]	968 a	ad that in (my	, 19 <u>6</u> () (aur) api	inian death	une 26, accurred on th	, 19 <u>68</u> , t e date and ho	hat (I) (we) our and fram	las i the
		22b. SIGNATURE	Mas	ten	Miles	ATTENDIN PHYS.	ן גאַ	AED. DIRECTOR	STAFF PHYS.	22c DATE SIGNED June 2	6, 196 8	
1		22d. PHYSICIAN'S NAME (Type) M. N.	Mastin,	M. D.		22e. ADDI	Westm:	inster,	Marylan	ıd		
	230	BURIAL CREMATION, 23b DA REMOVAL (Specify) Burial 6→2	8-1968	23c. NAME OF	ct Hi	ll Cemet	ery	1	on (City or Town)	,	(Stote)	
}	24 Wm	FUNERAL DIRECTOR • Cook⇔Breeks T		50 York Wson, Md	Road 212	04		Y REGISTRAR	2Sb REGISTI	RAR'S SIGNATURE	Zje.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tunaral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 Yans 2 Pages 1 Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-deet Page 4 may be retained by the hospital ar attending physician.

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DIVISION OF VITAL

RECORDS,	301 W. P	RESTON ST	REET, BALT	IMORE, MA	RYLAND 21	201		100 th 100		
	ERTIFIC	ATE OF	DEATH				J0	353	}	
Middle Lost				20 DATE OF DEATH					2b. H	OUR
HENRY		KERWIN			Month	Poy	. 0 i	ğb	12:	45
		S. DATE OF B	7/98		6. AGE (In year last burthday	ors) YRS.	IF UNDER 1 1		URS 7	MIR MIR
NTRY?	8. MARRIED WIDOWED	NEVER MAI	RRIED [] RCED []	9 COUNTY OF Carro						N
ospital or ins dress) ingfiel				AL OCCUPATION ost of working nt exam				ID OF BUSI V.S.		
idence before	13c. CITY OR	TOWN	136 IMSIDE CITY L	IMITS? 13e. ST	REET AND NUM	BER				

Arlington,

250 REC'D BY REGISTRAP

DECEASED-NAME First (Type or print) CHARLES 4 RACE 3. SEX Male White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COL country) New York U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF give street od Sykesville 130 USUAL RESIDENCE (Where deceosed lived, if institution. Res odmission) STATE Maryland 13b. COUNTY Montgomery 5612 Roosevelt Street Bethesda IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle unknown TIMOTHY DANTEL KERWIN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 220-51-6896 Springfield State Hospital Records APPROXIMATE INVERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterioscle BETWEEN ONSET AND DEATH Azteriosclerotic heart disease vears 4-106 DUE TO, OR AS A CONSEQUENCE OF (b) Coronary arteriosclerosis Conditions, if only, which gove) years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse days bronchopneumonia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CBS assoc, with cerebral arteriosclerosis with psychotic reaction CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 2 NO | 21c. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 07/14, 1965, ta 06/11, 1968, that (I) (we) last saw the deceased alive an 06/11 1968, and that in (my) (aur) apinian death accurred on the date and hour and from the 07/14 19 65 to 06/11 19 68 that NO (we) last causes stated above, (*) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR 6/11/68 PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME(Type) Heinz K. Klaatsch, M. D. Springfield State Hospital, Sykes., Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

Arlington Natl Cem.

Poges of the signed by the attending physician and campletely filled burial-transit permit. Then please remaye carban papa 'O FUNERAL DIRECTOR: After this certificate has been as the shauld be detached for director, page 3 should be detache should be filed with the State Dept. Page 4 may be retained

requires that the death certificate be executed within 24 haurs

and 2 death.

VR A15 (4) 30M REV 1/68

230 BURIAL, CREMATION,

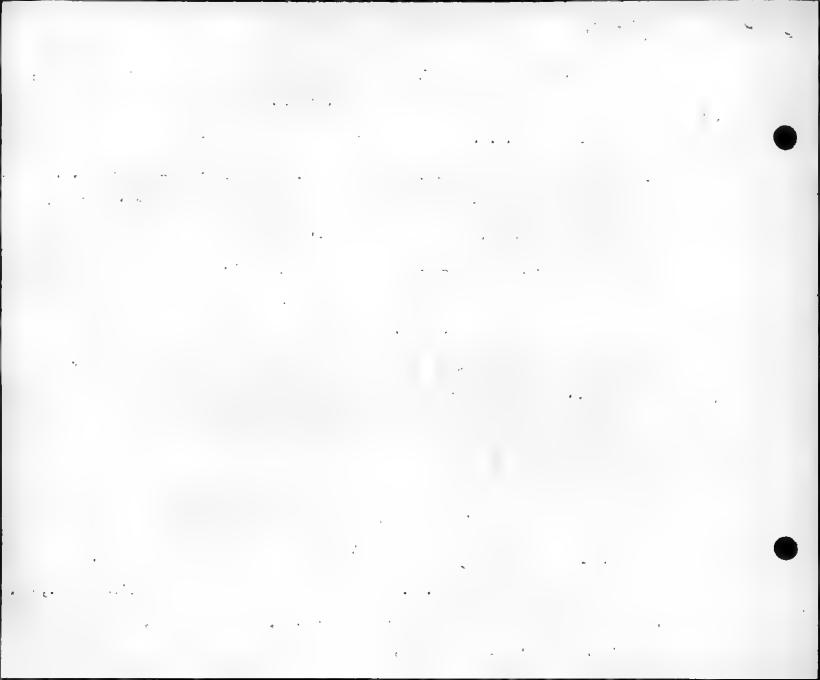
24. FUNERAL DIRECTOR

BENCY LEGILLA

23b. DATE

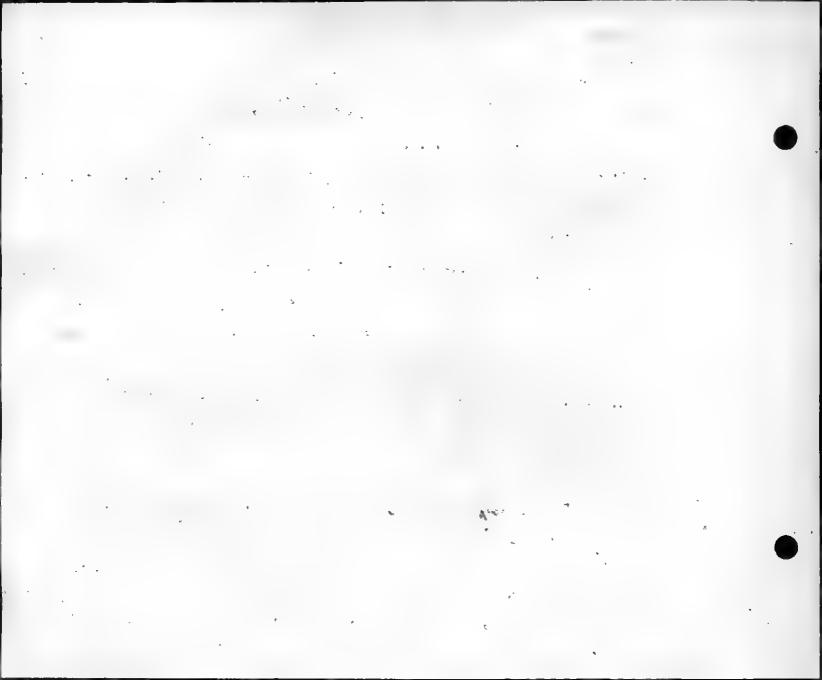
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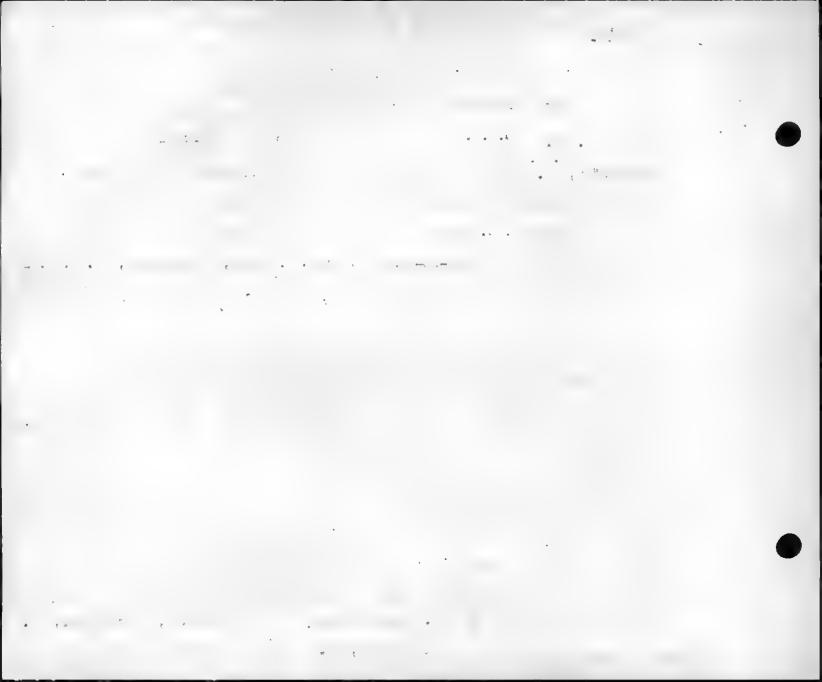
ROBERT A. PUMPHREY, Bethesda, Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(R ar)			ししむがせ		ERTIFICATE OF DEATH		A 25
dV 1 =			CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
de d		(1	ype or print) Anthon	v Thomas	King	Month Day	63 9:15
5		3 SE		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF JINDER 24 HRS
24 hours ofter ed in by the fur opers. Pages 1			Male	White	Januay 21,	Land Linkholm A	MONTHS DAYS HOURS MIN.
hours a n by th s. Pag hours a				b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
4 h Lin Pers		caur	Poland H	aturalized-U.S.A.	WIDOWED DIVORCED	Carroll	W
		10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120 USUA	L OCCUPAT ON (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
\$ BA	1 .		kesville	Springfield	State Hospital Steel	-worker(Retired)	construction
we carbon pevent, within	ν,	13o odm	USUAL RESIDENCE (Where deceased ssion) STATE	l lived, if institution: Residence before		AJS? 13e STREET AND NUMBER 3223 Garrison	Avenue
		14	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FI		Lost
and and in o	- 1		Joseph			ronica ?	?
sicion (láo.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY N	IO. 17. INFORMANT	Address	, ,
if de co	•	1)	es, na, ar unknawn) (If yes give war O	or dates of service) 219-J.0-42	48 Hospital Ros	Hold Address	Rd Thills The
offending permit. The point, or remo				one couse per line (o), (b), ond (c).			BETWEEN ONSET AND DEATH
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ottendi permit.			how 1	DUE TO, OR AS A CONSEQUENCE OF		1	
t the the sit protection			Conditions, if any, which gave rise to immediate cause (a),	(b) CREASE CONSEQUENCE OF	under conder in	acoular decar	vears
s that to cion. d by the l-tronsit		ŀ	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
sicic sicic ed al-t			lost. 4121	(c)			
phy phy sign buri			PART 2 OTHER SIGN!FICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	depression
ing ing he the		2	ា 3 8 ១៩១០ ហាំ	th cerebral arter	iosclerosis with ne	eurotic reaction(roderate)
lov end s be as t as t		CERTIFICATION	19a. DATE OF OPERATION 19b CC	INDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
The off he see the	2	RTIFI			YES NO 🔀		
AN: That or all or all icate he for use the Health			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2, It	em 18.)
音楽等		MEDICAL	(If either, notify medical examine	r) P.M. 19			
hoss hoss te			21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY,) 21f. LOCATION Street or R.F.D. No.	City or Tawn	County State
this dete			While Not while at work	·			
ffer be Stot			22a. I certify that (1) (this	haspital) attended the decease	ed from 2/23	3., fa_6/26, 19.6	<u>58 , that (1) (we) la</u> :
ed e			saw the deceased aliv	/e an 0/20 (did) (did/did/Cview the	9으 <u>,</u> and that in (ഐ) (aur) apii	nian death accurred an the dat	e and haur and fram th
t to the training the training to the training			22b. SIGNATURE	(A) (Me) (digit (digitality) siem tile	bady affer death.	22c D	ATE SIGNED
OR / be re DIREC			The Fi	7		ED. STAFF	/26/68
	/		22d. PHYSICIAN'S	Jagur	22e ADDRESS	111/2 22	7.20/38
O HOSPITAL Page 4 may O FUNERAL director, po			NAME (Type) Glocrit	o G. Sagisi	Springfiel	d State Hospital	Sykesville, M
Page 4 O FUN director	^	23a.	BURIAL, CREMATION, 236 DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
5 5 5 42	1		DULLINE	-	don Park Cemeter	0	Maryland
VAY	N.	24	FUNERAL DIRECTOR SOLO	ADDRESS	25o. REC'D 8)	1000 101 #	IGNATURE
30M/REY	1XgB		N. T. Zanday	Owings	Mills, Md. odl -	1 1968 Scharle	7





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. TO ILUMENAL DESICTOR: After this certificate las bean signed by the ottending physicion and completely filled in population director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer death.	/ /

30M REV 1/68

1. DECEASED NAME

3 SEX

(Type or print)

Male

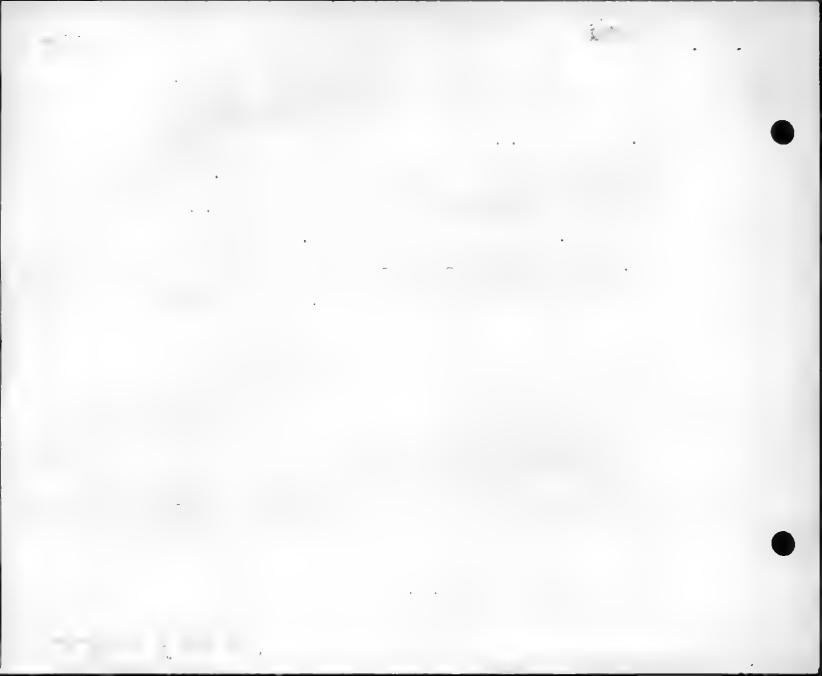
Sykesville

Maryland 14. FATHER'S NAME

odmiss ani STATE

country) Un k.

Yes, po, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: U11,d Canditions, if any, which gave) rise to mmediate couse (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, not fy medical examiner) 21d. INJURY OCCURRED While Not while at wark 22a. I certify that (!) (this haspital) attended the deceased from 6-14-68, 19, ta 6-19-68, 19 and that in (my) (aux) appropriate death accurred at the deceased causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22e. ADDRESS Springfield State Hospital 22d. PHYSICIAN S MAME (Type) Agustin del Campo, M. D. Sykesville, Maryland 21784 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 23b DATE REMOVAL (Specify) 6-24-68 Church Cemetery Pomokey, Maryland 250. REC D BY REGISTRAR 25b PARS SAVATUS 3015 12th Street, N. E. PUNERAL DIRECTOR John T. Rhines Co. Funeral Home Wash., D.C.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1			00824			(CERTIF	CATE OF	DEATH	,			p 4 sq sg	8
	- [CEASED NAME	First		Mrddte		Lost		2o. DA	TE OF DEATH	.1 6	u u	2b. HOUR
	П	Ĺ1,	ype ar print)	Emor	У	D.	Mox	cley			Man J 11	ne 2	b 1968	2 PM
		3. SE	(4. RACE			S DATE OF BII	RTH		6. AGE	In years	IF JNDER 1 YEAR	IF UNDER 24 HRS
	H		Male		Whi	te		April	. 20.	1888	last bi	rthday) YRS.	MONTHS DAYS	HOURS MIN.
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		(gun	Ma ryl ar	nd l	USA		WIDOWE		CED 🔲		Car	roll		Md.
	Ī		TY OR TOWN OF DE	ATH		of HOSPITAL OR IN	oadwa				ITION (Kind of rking life, ever Chan 1.	work done	12b. KIND OF B	USINESS OR
		13a.		Where decease	ed lived, if institution. I 13b. COUNTY Carr	N 11 T T	I3c. CITY	- V	13d INSIDE CITY	NUMBER Broa				
ĺ	-		ATHER'S NAME	First	Middle	Last	Wn Tor	IS MOTHER'S MA				Middle		Lost
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	ŀ	Iáa	WAS DECEASED EVE			Moxley SOCIAL SECURITY	NO 137	. INFORMANT	F. J	oren	ce	Address	Poole	
	-	Y	es, no, or unknown)		or or dates of service)			Mrs Ed	14+h T) Ma	~~? ~~~		D 2 A	26.3
	ŀ					13-01-5		THE DO	LICIL F	T. PIU	xrev.	Unlon	Bridge	ATE INTERVAL
	1		18. CAUSE OF DEATH		γ one couse per line fa BY:		,	18	0				BETWEEN ON	SET AND DEATH
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	1		4//	111	DUE TO, OR AS A	CONSEQUENCE OF	+		6.	/	4			
	-1		Conditions, if any, rise to immediate		(b)		020	ascer	l ar	_ 0CL	oc (or	RR	109	eard
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	ı		last	}	(c)(inter	ios	elero	Jus				10176	1113
	١		PART 2 OTHER SIG	NIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED	TO THE TERMINAL	. DISEASE OR	CONDITION	GIVEN IN PAR	[](a)		
	1	=	7201			~	2							
		CERTIFICATION	190. DATE OF OPERA	TION 19b. C	CONDITION FOR WHICH O	PERATION WAS PE	RFORMED	20a. AUTO			Ob. IF YES, WEI AUSES OF DEAT		CONSIDERED IN CER	RTIFYING
	,	Ĭ	-rione	_	-		-	YES 🗌	NO [9 "	AUSES OF DEAL	п;		
	1		210. ACCIDENT WA					HOW INJURY OCC	URRED (Ent	er nature a	f injury in Part	1 or Port 2,	Item 18.)	
	1	MEDICAL	or contributing [(If either, notify m			anth Doy Year								
	- 1	ME.	21d. INJURY OCCUP	RED 21e.	PLACE OF INJURY (AT HOFFE	OME, FARM, STREET, FA	CTORY, 1 21f.	LOCATION Stree	t or R.F.D. N	0.	City or Town		County	State
	Н		While Mat whi	10 1	\ Unix	Z BUILDING, KIC		-			1			
	-1		22a. I certify t	hot (I) (thi	s haspital) ottende	ed the deceos	ed from	1614 10	, 195	5 5', to	YAUK.	200,19	A.S., thot	(I) (we) lost
			saw the d	leceased al	ive on June	13	1948 /o	ind that in (m	A) (GRL) at	oinion de	oth occurre	d on the d	ate ond hour o	nd from the
	1			ated above	, (I) (we) (did) (did	not) view the	body afte	r death.						
	1		22b. SIGNATURE	. 7	V	4	/	ATTENDIN	G H	MED.	STAFF	224.	. DATE SIGNED	
	ı		chur	led of	. Bille	10000	Ce ~ DE	GREE PHYS.		DIRECTOR	PHYS.	U 6	-21-6	S
			22d. PHYSICIAN'S NAME (Type)	Larl	les L. 13,	1/ings	/e a	22e. ADD	RESS 2	nin	is ter)2	taryla	-0
	\neg	23a	BURIAL CREMATION	I, 23b. C	DATE	23∈ NAME OF	CEMETERY (OR CREMATORY		23d. LC	CATION (City o	or Town)	(County)	(Stote)
			REMOVAL (Specify)	Jun	e 23,1968	Mon	tgome	ry Meth	1.				lle, Md	
		24	FUNERAL DIRECTOR			ADDRESS			2So. REC'D		AR 2Sb		S SIGNATURE	Las.
3			Olin L.	Mole	sworth,	Damascu	S. Mr	۹.	DATE 111	N 24	1968	your	see her	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physicion.

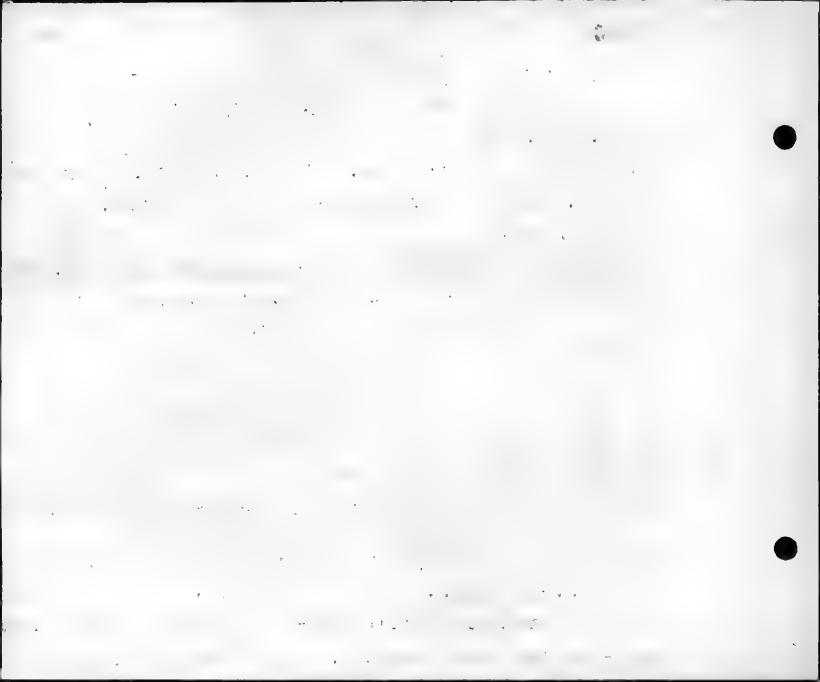
TO FUNERAL DIRECTOR: After this certificote hos been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then pleose remove carbon papers. Pe should be filed with the State Dept. of Heolth prior to burial, cremation, or removol, and in any event, within 72 hours

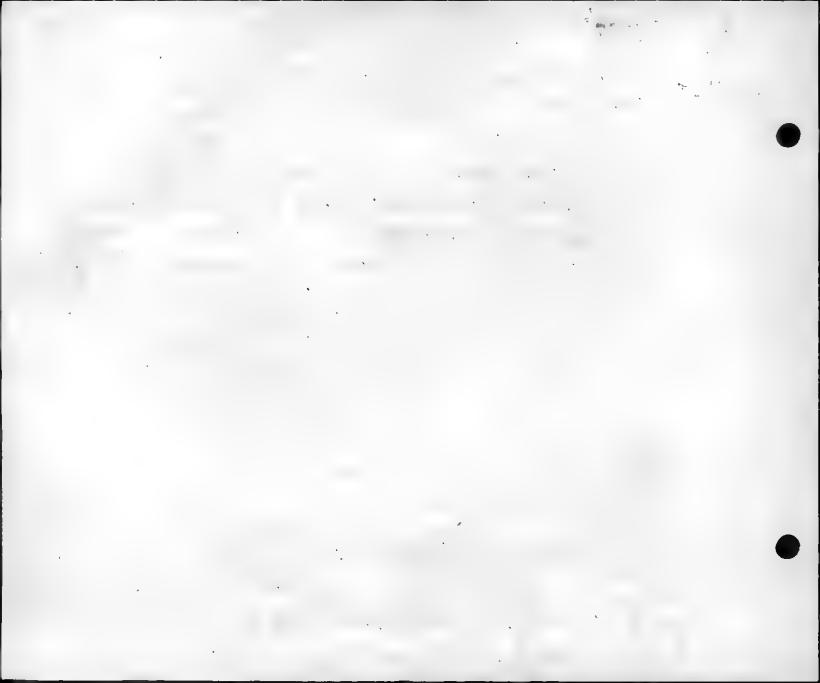


1	003	25					RTMENT OF					
	Item23b,F	ilmG401	6/17/6	NITAL RECO 의원대	IRDS, 301	W. PRESTOI	OF DEATH	.TIMORE, I	MARYLAND	21201	94	0
1.1	DECEASED-NAME	First		Middle	CLI	los	OI DEATH		E OF DEATH			2b HOUR
	Time or print?	effrey	T):	avid		Norwoo		10. 56.	Month	Doy	Year	9/2
3. 3			4. RACE	X = 1 U			OF BIRTH		6. AGE OF	yeors L	IF UNDER YEAR	IF JINDER 24 HRS.
7	male		whi	te		6	/8/68		last birt	hday) - YRS.	MONTHS DAYS	HOURS TH
70.	BIRTHPLACE (Stote or intry)	foreign 7b.	CITIZEN OF WH	AT COUNTRY?	8. _M	ARRIED NEVE	R MARRIED 🗌	9. COUNTY	Y OF DEATH			
	Maryla				WI	OOWED	DIVORCED [arroll			M
10.	CITY OR TOWN OF DEA		11. NA give.s	Annah addraga		ON (If not in hos	disabase.		TION (Kind of v king life, even i		12b. KIND OF I	SUSINESS OR
130	Westmi USUAL RESIDENCE (W					y Gene	ral	LIMITS? 13.	e. STREET AND 1	MIIMBED	1	
odn	nission) STATE	nere deceosed ii	136 COUNTY C	arroll		estmis			820 E.		ore Ro	nd.
14	FATHER'S NAME	First	Middle		Lost		R S MAIDEN NAME		00000	Middle	1016 1607	Lost
	Davi	d	Cla			ood		ith	Margu	aerite	Fle	tcher
160	. WAS DECEASED EVER Yes, no, or unknown)	IN U.S ARMED I	FORCES? dictes of service)	16b. SOCIAL SEC	CURITY NO.	17, INFORMA				Address		
-4-2						Moth	er -820	Batt	i.Rd. V	<u>Vestmi</u>	APPROXIM	LATE INTERVAL
	18. CAUSE OF DEAT PART I. DEATH	WAS CAUSED BY	:	e for (o), (b), o	ond (c).)	2 mi	7. 7		286	ola-	BETWEEN OF	NSET AND DEATH
	7777	IMMEDIATE (IS A CONSEQUEN	W. O.	JAHH.	am	7	286	Salor		
	Conditions, if any, v			3 A CONSEQUEN	ACE OF		,		8			
	rise to immediate stating the underly		(b) DUE TO, OR A	IS A CONSEQUEN	NCE OF							
	lost.)	(c)									
	PART 2 OTHER SIGN	IIFICANT CONDITI	ONS CONTRIBU	ING TO DEATH	BUT NOT RE	ATED TO THE TE	RMINAL DISEASE OI	R CONDITION	GIVEN IN PART	1(0)		
9	19a. DATE OF OPERATI	ION 19h CON	DITION FOR WHI	ICH OPERATION 1	WAS DEDECIDE	IED 200	. AUTOPSY?	20	Db. IF YES, WERE	FINDINGS CO	INSIDERED IN CE	PTIEVING
CERTIFICATION	Tro. Date of orekan	175. (5)	DITION OR THIS	CII OI EKAIIOK	IN STER OR		ES NO D		USES OF DEATH		NOISENED III GE	1111 1 1110
						21c HOW INJU	RY OCCURRED (En	ter noture of	injury in Port 1	l or Port 2, It	lem 18.)	
MEDICAL	OR CONTRIBUTING [dical exominer)	P.M.	Month Doy	19							
1		RED 21e. PLA	CE OF INJURY	AT HOME, FARM, 51 OFFICE BUILDING, I	TREET, FACTORY.) ETC.	21f LOCATION	Street or R.F.D	No.	City or Town		County	Stote
П	While Not while	ad (I) (Abia b		المصافات الماسية		- 6		(= 0) to	6	- 106	o O) that	fix food) la
	22a. I certify the	ioi (i) (inis n eceased aliye	on	inded the de	19 <i></i> _	om , ond that i	in (my) (4) a	pinian dea	th occurred	on the dat	e and hour o	and from th
	couses sto	ted above, (I) (🗪) (did)	(did) yiev	w the body	ofter death.		•				
	22b. SIGNATURE	De O	M	a.		DEGREE PH	TENDING PK	MED. DIRECTOR	STAFF PHYS.		ATE SIGNED	872
	22d PHYSICIAN'S		0-	-Ju	20-21	22	e. ADDRESS				0/ 0	
1	NAME (Type)	Karl M					Westmin	ster,	Maryla	and 21	157	
230	BURIAL, CREMATION,	23b. DATE	ine 8	704 8 NA	ME OF CEME	ERY OR CREMAT	ORY	23d LO	CATION (City or	Town)	(County)	(Stote)
0.4	Pisposed	of hy	the he	spital	DDRESS		laco becin	BY REGISTRA	AD 25h	DECUSAR MO'S	CICH MIDE 1	74164
24	FUNERA DIDI CHOR	m h	1.5	12/10	20		DATE J		1968	REGISTRICES	root	0
1	(+) ann A	Fisher	r. Adm"	nistra	a t or		DAIL O	WIT	1	M.	_	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle 2g, DATE OF DEATH 2b. HOUR (Type or print) OS IF LINDER 1 YEAR 3. SEX 4. RACE 5 DATE OF BIRTH AGE (In years las buthday) physician and campletely filled in by the en please remaye carbon papers. Pages Female White Aug. 17. 1882 remave carbón papers. Pac n any event, within 72 hours requires that the death certificate be executed within 24 hours, 7a BIRTHPLACE (State or fareign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) Balto. Co. USA ARRO DIVORCED [WIDOWED F 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street addres Sewing Fabt Hampstead Gill Ave. signed by the attending physician and camplete burial-transit permit. Then please remave carb burial, crematian, or removal, and in any event, 13c CITY OR TOWN 13e STREET AND NUMBER 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d. INSIDE CITY LUMITS? admission) STATE 13b. COUNTY Md. YES [Carroll Hampstead 21 G111 Ave 14. FATHER'S NAME First Middle 15. MOTHER S MAIDEN NAME First Middle Last Last John H. Leister Catherine Green 16b. SOCIAL SECURITY NO. Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, ar uninpwn) 216-07-2608 Miss Louise Leister Mullberry St. Balto 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) BETWEEN ONSET AND GEATH Canditions, if any, which gave) signed by the burial-transit rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? S CAUSES OF DEATH? YES 🔲 NO M this certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY TO DR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Manth Day Year (If e.ther, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R. F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 28c. 12. , 1966, to fire 28. , 1968, that (1) (we) last saw the deceased alive on 25. 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: After be retained causes stated abave (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) M.C.Porterfield, M.D Hampstead. Md. director, hould 23a BUR AL CREMATION, Burrayoral (Specify) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) July 1,1968 Leister's Cemetery Westminster, Carroll Co. Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sq REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Tipton - Eline Funeral Home Hampstead, Md. 1068 Ocharl 30M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 1ast 2g DATE OF DEATH 2b HOUR (Type or pont) exacuted within 24 haurs after May OWINGS Safter 3. SEX S. DATE OF BIRTH 6. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED [country) WIDOWED TO DIVORCED Currell 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Land during most of working life leven if retired.) INDLSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence perare) 13e STREET AND NUMBER 13d. INSIDE CITY LUMITS? 13b. COUNTY 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle requirem that the duath certificate be 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY, NO. (If yes give war or dates of service) Yes no or unknown) ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the attending burial-transit permit. Th BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health prior ta 19a DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 by the haspital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. State City or Town County While Nat while at wark 22a I certify that (1) (this haspital) attended the deceased fram 6/15 1962, to 6/24 saw the deceased alive on 1900, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave (1) (we) (did) (did nat) view the bady after death. director, page 3 shauld 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED.
DIRECTOR STAFF PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) FUNERAL DIRECTO REC'D BY REGISTRAR DA DATEUL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30333 CERTIFICATE OF DEATH Middle 2g DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR xecuted within 24 hours after death and (Type or print) S Month uneral 3. SEX 5 DATE OF BIRTH 6 AGE (In years IE LINDER TYEAR last birthday) MONTHS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign MARRIED THEVER MARRIE WIDOWED F DIVORCED 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13b. COUNTY remove IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAM Middle requires that the death certificater 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, No. or unknown] (II yas give war or dot as of sen 16b. SOCIAL SECURITY NO 17. INFORMAN' Address physid burial-transit permit. Then pl burial, crematian, or remaval, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove? rise to immediate couse (a). þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed b PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗔 NO Z O FUNERAL DIRECTOR: After this certificate by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 181 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) detached AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY Stote City or Town County While Not while at work ot work 22a. I certify that (1) (this haspital) attended the deceased from ______ _196, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive on lo be retained director, page 3 should should be filed with the causes stated abave, (1)) (we) (did))(did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE. LOCATION (City or Town (County) BURIAL, CREMATION REMOVAL (Specify) 25a. RPCD BY REGISTRAR FUNERAL DIRECTOR VR A15 (4)

30M REV, 1/68

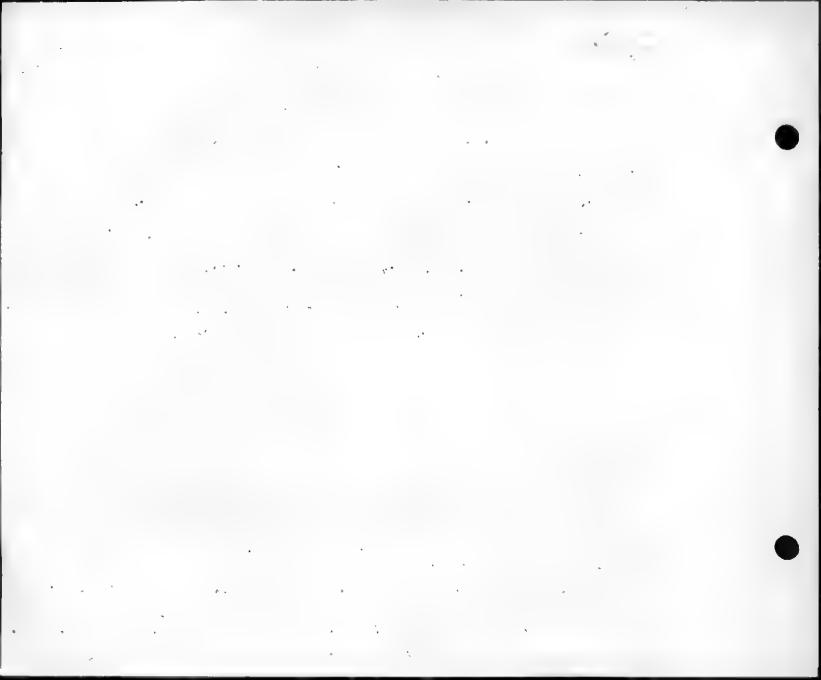


, 1 #1	4 t	18 21, 222 film MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		22338 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	134
HEALTH_DERT.		- V Marian	ay Year 2b HOURE
y delay is ond 3 to PM3 Page orrment of	3. 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (IN yours 14 UNDER 1 YEAR IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR Year 1968 12:05
E 64 (45.35)		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH Carroll	Mc
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hin 24 hours after de ncil in Item 18. Give P niner's Office olong wi pages Lond 2 with the hours ofter death	13a a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. City OR TOWN 13d DISJOE CITY LIMITS? 13e STREET AND NUMBER 3dmission) STATE Maryland 13b COUNTY Carroll Westminister YES NO Rd 3	
24 hours in Item 11 r's Office ss Lond 2 rs ofter d	14 F	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
24 tin Hin Hirs Cris C		John E. Reed Sadie M. Graf	
within 24 pencil in xaminer's ile pages 72 hours	16a. (1	Was Deceased ever in u.s. armed Forces? 166 Social Security No. 202–28–3830 17. Informant Address Mr. John E. Reed Rt. 3 Westmi	
executed with noting in per Medical Exam permit. File print within 72		IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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vertif orwari used movol	CERTIFICATION	.90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his control of the co	MERC	WAS PERFORMED?	YES SC NO 🗌
INER: This e certificate, should be for files 3 should be to option, or ren		21a EXTERNA. CA.SE WAS PRIMARY POR CONTRIBUTING 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M.	
NER s cer shou files s sho	MEDICAL	(AUSE OF DEATH ?? PM June 221968 Sitting in car with motor runnity of Market Place OF INDURY (At home, form, street, 21f LOCATION Street or RFD No. (ity or Town)	ing State
	-	water water foctory, office building, etc.)	roll Md
L EXA ecute Page or you R: Pag		22a certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry	
se execute the cert ctor. Page 4 should ned for your files ECTOR: Page 3 should burial, cremotion		death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
StCA director. durector. DIRECTOR or to built		CHIEF MEDICAL EXAMINER	-
Ty please rail director to prior to		SIGNATURE (Curcled M Klaulum M.D. ASS STANT MEDICAL EXAMINER X 226 DATE SIGNATURE	23 , 1968
DEPU cessar e fune moy t FUNER		EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. DEPUTY MED CAL EXAM NER ADDRESS (Street, city, town, or county)	, 2700
01 10 10 10 10	23a	Burial (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Companied Partial June 25, 1968 Immanuel Cemetery Manchester Carro	aunty) (State)
CM	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S 5.G	NATURE
VR A15ME (6)		Tipton - Eline Funeral Home Hampstead, Md. DAISUN 26 1968	a Junge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

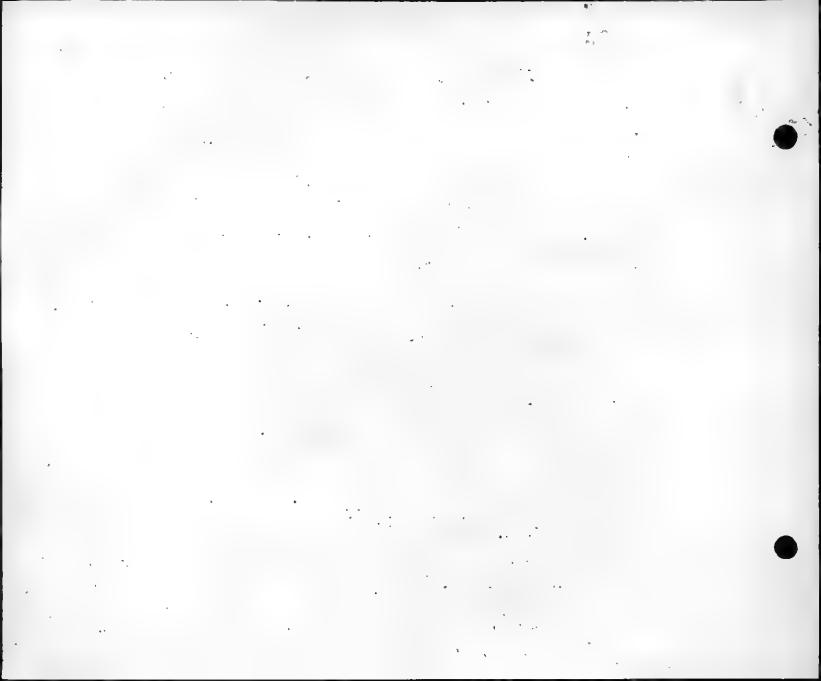
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requires that the death certificate be executed within 24 hours after death 3 physician.	mpletely fille ve corbos pe event, writin			ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR II give street oddress)		in hospitol 120 USU		ON (Kind of work di		b. Kind of E Dustry	BUSINESS OR
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ig de	sign buri buri			PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO 1	HE TERMINAL DISEASE OR	ONDITION GI	VEN IN PART 1(o)			
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AN	far Fer			OR CONTRIBUTING CAUSE OF O	EATH HOU	TIME OF INJURY R A.M. Month Day Yeo	r 216 HOW	INJURY OCCURRED (Ente	r noture of in	njury in Port I or Poi	1 2, Item 1	6.)	
SIC	ertif t. of		MEDICAL	(If either, notify medical exorum 21a. INJURY OCCURRED 2	niner)		ACTORY 1 216 LOCA	TION Street or DED No		ity or Town	ſ.n.	unty	Stote
P.H.	tact Dep			While Not while of work	W. PLACE OF I	NJURY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	211 100	SHOW SHEET OF KILD MO	. (1	ny or rown	(0)	nny	21016
S ÷	frer this c be detach State Dept			22a certify that (1) (this hasnita	all attended the decea	sed from	8/4/194	2 . to	6/10	19 68	that	(I) (we) lost
9	▼ p o			22a, I certify that (1) (saw the deceased	alive an	6/10	1968 , and	that in (my) (aur) ap	nian deatl	h accurred an th	e date a	nd haur o	and from the
TTE	1 th			causes stated abo	ve, <u>(I)</u> (we)	(did) (did nat) view the	bady after de	ath.					
R A	DIRECTOR: 3e 3 shoulded with the			22b SIGNATURE	10	P	1 MJ	ATTENDING PHYS.	AED	STAFF D	22c DATE	SIGNED	
0 7				298. PHYSICIAN S	// -/	feroca	/ BEGINET	PHYS.	IRECTOR L		0/1	0/6	8
Pone 4 may be r		1		NAME (Type) Dr.	Wince	ent J. Fio	co, Jr	. 8 Ancho	r St.	, Westmi	inst	er, l	∕d.
105 at	director,		23o		. DATE	23c. NAME O	CEMETERY OR CE	REMATORY	23d. LOCA	TION (City or Town)	{Cc	unty)	(Stote)
Pone Pone	5 4 4	1]	BENOVAL (Specify) [6]	/13/19	968 Laker	riew Me	m. Garden			rrol	1 Co	Md
	VR ATACA	1	24.	FUNERAL DIRECTOR		ADDRES	S			2Sb. REGISTI	RAR'S SIGNA	ATURE	,
	30M REV	68		. M. Waltz,	DOX 2	TI, DYKESVI	TTT6' W	DATE J	JN 12	1968 🔏	Clips	Car yo	yee



			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201
. 1 - 2	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4	•	Ιt	eml3e,FilmG402, 722/68km CERTIFICATE OF DEATH
岩 -	<u>~</u> ≠ 1		PECEASED-NAME First, Middle Lost 20. DATE OF DEATH 2b. HOUR
deot	eat	Ľ	Type or print) Wilbert J ShaffER June 22 1968 11:2018
車	74	3. 9	
ر ا ا	100		MALE Celhile Sept 2. 1802 lost birthdown MONTHS DAYS HOURS MINE
24 hours after death	- A		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4 / A	papers in 72		MIRRY/CNC 45 H~ WIDOWED DIVORCED ("Arro/)
₹ 1	B	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hespita, 1 20. USUAL OCCUPATION (Kind of work done give street oddress) 128 N WE AIN Skeet during most of working life, even if retired) 12b. KIND OF BUSINESS OR INDUSTRY
Walthar tely fill	ية الإ	Z	THIRD ESUL IN C. LONG VILLEIM HOME LIMING TO ME WOLL
ह । है	P to	130 dodn	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDERING (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 15TATE 13d. COUNTY 18SEON) STATE 13d. COUNTY 18SEON 15TATE 14C
S. E	y e/		THEY STATE OF THE
e e)	rem	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost HARVELLE S. Sharkers Maidle Lost Mary RayLockers
e b	ase nd i	16/	HARVEY S. Shaffer Mary Bortner Bortner Bortner Bortner
low requires that the deoth certificate be executed with a 24 nding physician. been signed by the ottending physician and campletely filled	burial, cremotion, or removal, ond in ony event, within burial, cremotion, or removal, ond in ony event, within		Yes, no, or unknown) (f yes give wer or doles of service) 218-32-3151 1/10/0 Challes
certi	hen	=	18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).)
# jej			PART I. DEATH WAS CAUSED BY
dec	n, o		DUE TO, ORAS A CONSEQUENCE OF
the c	t: 0		Conditions, if any, which gove
that n. sy t	ans		rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF
ed t	라는 아		lost. (c)
equires the physicion.	Duri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
v re	to to	2	
The low re ottending has been	os the prior to	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F F	SE SE	RTIE	YES NO NO CAUSES OF DEATH?
AN: olloi	Heo Heo	CALCE	210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Month Day Year
SICI Spite	of led	MEDIC	[If either, notify medical examiner] P.M. 19
PHYSICIAN: e hospital or his certificate	detached for use os the re Dept. of Health prior to	2	21d INJURY OCCURRED While Not while 1 Not while 1 Street or R.F.D. No. Gry or Town County Stote While 1 Not while 1 Street or R.F.D. No. Gry or Town County Stote
24 t	be de State [OI WOIK OF WOIK
Afred by Afred	d be Stat		sow the deceased glive on some 1968, and that in (my) (out) appinion death occurred on the date and hour and from the
ATTEND stoined I	15 E	Н	(aluses stated abave, (I) (we) (did) (did-not) view the bady ofter death.
Tele A	×i± ×		226 SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
L OR be ri	ed		DEGREE PHYS. DIRECTOR
TA MO.	be t	1/	122d PHYSICIAN PARE (Type) IN CONTEST BUST MOD 22e ADDRESS PRIOR FROM NI
O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been	director, page 3 should should be filed with the	92	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
0 0 0 E	ig & C	7	Burial ecity June 25, 1968 Hampstead Cemetery Hampstead Carroll Co. Md.
	154	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15₩07 MM REV. 1/68		Tipton - Eline Funeral Home Hampstead, Md. 1980 26 1968 Clarks Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle . Last 2a. DATE OF DEATH First 2b. HOUR 30 M (Type or print) 3. SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years 896 last birthday) HOURS Female 4-18hours BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [WIDOWED [DIVORCED F requires that the death certificate be executed within 24 physician and campletely filled carbon pag 120 USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address during most of working ife, even if retired) INDUSTRY event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 3 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY 14. FATHER S NAME Middle Last S MOTHER'S MAIDEN NAME First Middle please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) (If yes give war or dates at service) 204-07-7728 ar remayal, signed by the attending phy APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying caused attending physician. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed far use as the b . of Health priar tab has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🕖 by the haspital ar TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) AT HOME FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d INHIRY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while of work 220. I certify that (1) (this haspital) attended the deceased from which is a sow the deceased alive an 1964, that 17 (we) lost sow the deceased alive an 1964, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. director, page 3 sm. be retained 22b. SIGNATURE 22c DATE SIGNED -MED DIRECTOR ATTENDING PHYS STAFF PHYS. DEGREE 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Page 4 may 10CATION (City or Town) 23o. BURIAL, CREMATION 23b DATE (State) REMOVAL (Specify) Lemele, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 28 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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2b HOUR

IF UNDER 24 HRS.

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and 2 death.

the funeral

ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death

signed by the attending physician c burial-transit permit. Then please

burial, crematian, ar removal,

CERTIFICATE OF DEATH Last 20. DATE OF DEATH 1 DECEASED-NAME First Middle (Type or print) Ethel June 5 1968 Maude Smeltzer 4 RACE 3. SEX S DATE OF BIRTH F LINIDER YEAR 6 AGE (In years last birthday) 8-8-03 Female White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED (NEVER MARRIED) country) Pennsylvania U.S.A. WIDOWED | DIVORCED [Carroll 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working its even it retired), INDUSTRY
Springfield State Hospital Cashier/Housewife Store Sykesville 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 8209 Schrider Street 13d INSIDE CITY LIMITS? admission) STATE Maryland 13b COUNTY Montgomery Silver Springs & 1S. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost Charles White Gertrude Crawtord 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INPUBMANTALLEN E. Smeltzer 8009 Schrider St. (If yes give war or dates of service) Yes, no. or unknown) 188-20-5469 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY Unknown IMMEDIATE CAUSE (a) Found dead in bed. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Coronary arteriosclerosis Years rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Schizophrenic reaction, simple type. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES F NO | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) PM. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 5-30, 19.68, ta 6-5-, 19.68, that (I) (we) last saw the deceased alive an 6-5- 1968, and that in (my) (our) apinian death accurred an the date and haur and from the

22b. SIGNATURE

22d PHYSICIAN'S

230 BURIAL, CREMATION.

24. FUNERAY DIRECTOR

REMOVAL (Specify)

NAME (Type)

causes stated abave, (LA we) (did) (did not) yew the bady after death

June 8.

Manhrey

Ernest Beiser, M. D.

1968

23c NAME OF CEMETERY OR CREMATORY Windsor Cemetery

DEGREE

ATTENDING

22e. ADDRESS

PHYS

23d LOCATION (City or Town) Windson.

Springfield State Hospital, Sykesville, (County) Pennsylvania

22c DATE SIGNED

6-5-68

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV 1/68

250. REC'D BY REGISTRAR

MED DIRECTOR

256 REGISTRARS SIGNATURE Judge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

39

- 1												
- 1		EASED NAME	First		Middle		Last		2a. DATE OF			2b HOUR
Т	(1)	pe ar print) (inifred		A.		Smith		June	Manth 11	Day 1969	8
13	SEX	(4. RA	CE			S DATE OF I	BIRTH		6 AGE (in years	IF UNDER Y	EAR IF UNDER 24 HRS
1		Female		White			April	11, 18	77	rast_buthday)	MONTHS	DAYS HOURS MIN
Ļ			170 5000		UNITOWA	n					YRS.	
		RTHPLACE (State or		EN OF WHAT CO	UNIKY?		NEVER MA	KKILU	county of	DEATH		
ľ	Z	alto. (o.		USA		WIDOWED		ORCED	0			N.
1		TY OR TOWN OF DEA			HOSPITAL OR INS			12a USBA	OCCUPATION	(Kind of wark d	lane 126 KIN	D OF BUSINESS OR
	_5	ykesville	2	94776718	Weew Nu	using	Home	during/ho	UZEUUR	hie, even if retir	ed) INDUSTI	KT .
Ī	3a	ISUAL RESIDENCE (W	here deceased lived,	of institution: Re	sidence before			13d. INSIDE CITY LUI	13e. 5	REET AND NUMBE	R	
a	dmís	sian) STATE //	13b	COUNTBalta	. (ity	Balt	0.	YES NO	\Box 40	02 St. 9	Paul Sta	pot
	4 5	THERE WANG			<u> </u>					Midd		
1	4. h		irst	Middle	Smith		2 MOTHER 2 I	Winifr	20	miaa		Last
		Johr	L.		Smith						~	an
	lóa.	WAS DECEASED EVER	IN U.S. ARMED FORC (If yes give wor or dates o		OCIAL SECURITY N	17,	INFORMANT	<i>II</i>	Ē	on Ir. E	iss , M	1
	71	19/18, ar unknawn)	In las in a new contract	(Service)		/'/	ics. ja	mes n.	engus	on fr. L	acto. "	a
F		IR CAUSE OF DEAT	H (Enter anly one ca	use per line for	(a) B) and (d)		-	-11		//	AF	PROXIMATE INTERVAL FEN ONSET AND DEATH
	-1		WAS CAUSED BY-	1-1	5-4			Ins	- M	2010	7/	AD Pre-
ı		1	IMMEDIATE CAUSE	(o)	roca	ma	111	1100	V JIVY	0.200	1	To my
ŀ		11 . 1		E TO, OR AS A CO	ONSEQUENCE OF			- //		1	6	1 - 110
l	_	Canditions, if any, v		(b) 65	aid	in	1 hads	-cul	arac	repro	10/2/	o alla
1	- 1	stating the underly		TO, OR AS A CO	ONSEQUENCE OF	0	ere	my	mac	a teon		
l	- 1	last	")	(4)								
l	- 1	PART 2. OTHER SIGN	IFICANT CONDUTIONS	CONTRIBUTING T	O DEATH BUT NO	T RELATED T	O THE TERMIN	IAL DISEASE ORCO	ONDITION GIVE	N IN PART 1(a)		V
ı		4 :										-
	8	19a DATE OF OPERAT	ON 1195 CONDITIO	N FOR WHICH OR	ERATION WAS PER	SEUBWED	20a. AU1	INPSY?	120b I	F YES, WERE FINDS	NGS CONSIDERED	IN CERTIFYING
	3	17d DATE OF OTERAL	170. CONDING	2/	CRATION WAS I EI	,	YES [S OF DEATH?		
	CERTI	V ACCIDENT WAS	INIDERLY AS	7 2.115 05 111111	N17	(10)			1	2 1 2	10 11 101	
۱		21a. ACCIDENT WAS		b. Time of injuf OUR A.M. Mar	cr nth Day Year I		UW INJUKY U	CCURRED (Enier	nature at inji	ury in Part 1 ar Pa	art 2, item 16.)	
l	MEDICAL	(if either, natify me	dical examiner)	P.M.	19		1	*				
ł	¥	21d. INJURY OCCUR	ED V 21e. PLACE O	FINJURY AT HO	ME, FARM, STREET, FAC BUILDING, ETC.	TORY.) 21f. L	OCATION ST	eet ar R.F.D. Na.	Cit	y ar Tawn	Caunty	State
ı		White Not while at work		Vallet C	BOILDING, LVC.	1	1		m		11	
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Ì		auses sta	ed abaye, (I) (w	e) (stid) (dida	ot) view the l	bady after	death.	,, (,				
l		22b. SIONA JEE	11/	11 111	111						22c DATE SIGNE	D /-
۱			N/S	114181	1 3	DEG	ATTENC Ree Phys.	ING M	ED. Rector	STAFF PHYS.	1.1	2-68
l		22d. PHYSICIAN'S	T	w/ pac		1/2	22e. Al		_/'	11113.	0-7	
		NAME (Type)	James	16-	Ji/1-	. /(220. 11	Reis	Tere	CLOWN	BOH	5 Mil
ŀ		/ ``		//~=	977	4					2211	
l	23a	BURIAL, CREMATION,	23b DATE	1 10	236 NAME OF				23d LOCAT	ON (City or Town)	(County)	(State)
l	40.0	EMOYAL (Specify)	June !	14,00		i Kidg	e (eme			sville,		
ĺ	24	FUNERAL DIRECTOR	0 0	0	ADDRESS	AA S		2Sa REC'D B	REGISTRAR	988 PEGES	PAR'S SIGNATUR	ludes
	- 5	. F. Clir	e & Sons	Reiste	erstown.	Md.		DATE JUIN	T 1 6	200		10

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and constant that in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Rages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death Poge 4 may be retained by the hospital or ottending physicion.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 The state of the s MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First 20 DATE KNOWN Yeor (Type or Print) OF ESTI-DEATH MATED 3 SEX 4. RACE 2c DATE PRONOUNCED DEAD pud MONTHS DAYS HOURS MIN 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH MIDOWED DIVORCED [Pages IG. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done This certificate shauld be executed within 24 hours after death 12b. KIND OF BUSINESS OR farwarded to the Chief Medical Examiner's Office along with during most of working life, even if retired CONCRETE 130 USUAL RES DENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission1 STATE 13b COUNTY land 2 14. FATHER S NAME IS MOTHER'S MAIDEN NAME Middle FLICKIN GER pages hours 160 WAS DECEASED EVER IN U.S. 17 INFORMAN' ADDRESS pencil (Yes, no, or unknown) File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line to; (o), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stofing the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 80 used 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [þ shauld be <u>a</u> 210 EXTERNAL CAUSE WAS 21b T ME OF IN- LRY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, DICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK Page may be retained far FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Inquiry death resulted fram: Natural causes Accident | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR O DEPUTY DEPLTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) 0 BURIAL CREMATION DATE 23d LOCATION (City or Town) (County) FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH





6 21			E DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		m nd	R'S CERTIFICATE OF DEATH	342
HEALTH DEPT.		CEASED NAME First Middle	Last 2a DATE KNOWN Ma	inth Day Year 25 HOUR
of af	(ype or Print) GEORGE	SPENCER OF ESTI-	June 23, 19684:20 A
The Page 15 Department of	3. SI		E (n years of UMDER, YEAR OF UMDER 24 HRS 20 DATE PRONOUNCED DEA Durchday) MONTHS DAYS MDURS M.M Month June Day	D 2d HOUR
	Za coun		8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Carroll	Md
offer death 8 Give Pages along with for with the State		If y OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INS give street address Cent Correctional C	IST TUTION (If not in haspital tral Laundry during most of working life, even if retire	one 12b KIND OF BUSINESS OR INDUSTRY
s affer 18 Give s along 2 with the	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before)	13c (TY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Sykesville YES NO	
hin 24 hours tel or tem l ner's Oh e poges 1 (24)	14 F	ATHER'S NAME First Middle Lost	15 MOTHERS MAIDEN NAME FIRST Middle	Last
This certificate should be executed within 24 hours after death icate, writing the ward "pending" in pending pending the man of Give Pagine forwarded to the Chief Medical Examiner's Office along with the standard as a burial-transit permit. File pages (1842) with the Standard ar removal, and in any event within 72 haurs after death		WAS DECEASED EVER IN U.S. ARMOD FORCES? es, no, or unknown) (flyes give war or doles of service)	10. 17 INFORMANT ADDRESS Warvelly Spanner 341	o Calloway Am
cred w t g" in pe icol Exori mit File ithin 72		18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)) PART I DEATH WAS CAUSED BY: Arterical and	otic Cardiovascular Disease	APPRDXIMATE INTERVAL BETWEEN DISET AND DEATH
execunding Meding		4139 DUE TO, OR AS A CONSEQUENCE OF		
l be J 'pe Tansil		Conditions, if any, which gave tise to immediate cause (a), (b)		
ite shauld be executer the ward "pending" of to the Chief Medical oburial-transit permit and in any event within		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)		
ficate ing th ded to as a b		PART 2 OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART $I(\alpha)$	
ertif arwan used moval	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR W WAS PERFORMED?		20 AUTOPSY?
	AL CERTIF	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	21c HOW INSJRY OCCURRED (Enter nature of injury in Part 1 ar Port	YES NO
	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.)	21f LOCATION Street at R.F.D. Na. City at Tawn	Caunty State
DEPUTY DICAL EXAMINER: seessary, please execute the certine funeral director. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 shauld prior to burial, cremation,		22a. 1 certify that I taak charge af the remains describe death resulted from Natural causes Accident		
y, please executal director. Page executal director. Page executal director. Page executal Directors: Page of prior to buriol,		ACTUAL ACTUAL	CHIEF MED CAL EXAMINER	DATE SIGNED
necessary, please es the funeral director. 5 may be retained To FUNERAL DIRECTOR. Health prior to but		SIGNATURE EXAMINER'S Edward F. Wilson, M.D.	M.D. POSITIVE MED CHE EXPERIMENT	ine 23, 1968
necessal the function of the f	23a		CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
AR	24	REMOVAL (Specify) FUNERAL D RECTOR ADDRES A	utus Mem lack andertus	ARS S GNATURE
VR AISME (5)	1	nellas & Eliekson 12971	Carlinst DAYUN 27 1968 John	



Toge 4 1109 be retained by the taspital of differential physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely filled in by the fulleral director, page 3 should be detached for use as the burial-transit permit. Then please remove sarbon papers. Pages 1 and 2 should be director, page 4 should be detached for use as the burial, cremation, or removal, and in any event, within 72 haurs ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execused within 24 hours ofter death.

Page 4 may be retained by the haspital or attending physician.

20229

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

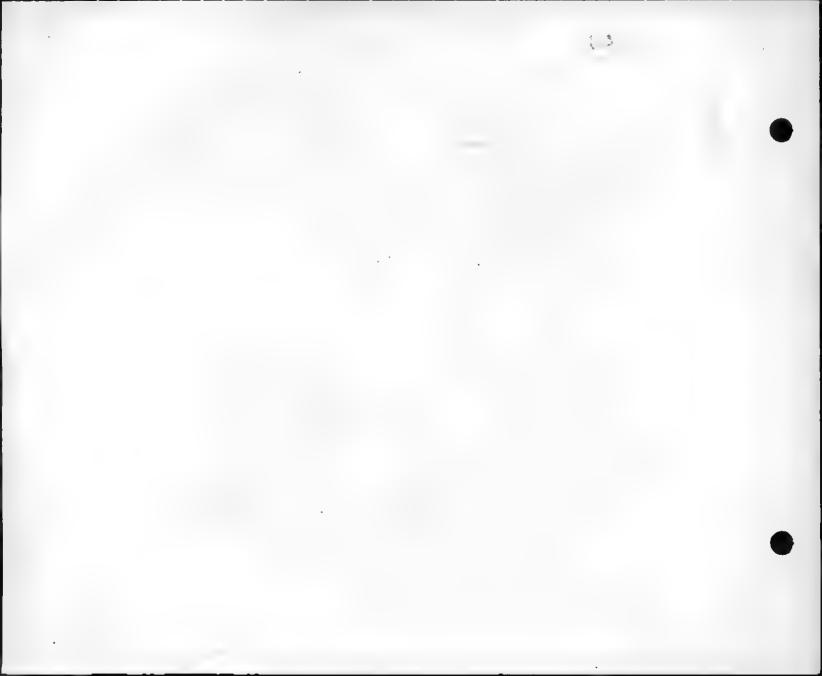
		60004			CERTIFICA	IE OF DEATH		3004	40
		EASED-NAME	First	Middle	0	Lost	20. DATE OF DEATH		2b. HOUR
	(1)	pe ar print)	FSTER	(7 ·	STAG	NER	Month	Day Year	A 1 A.M
	3. SEX		4 RACE	1 -		DATE OF BIRTH	6 AGE (In year last orthogy)	S IF UNDER 1 YEAR MONTHS GAYS	IF UNDER 24 HRS, HOURS MIN
١		Male	· A	1hiles		DEC. 219	907 60	YRS, MONTHS GRES	TIODKS MIR.
ı	7a Bl	RTHPLACE (State or forei	gn 7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY-OF DEATH	. /	
l		Jory / DK	L 4.5.	A	WIDOWED _	DIVORCED	LA RR	8//	Md.
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ı	1	AMPSTE	AD T	AIRMOUN	+ Ra	Ch	outtert	TA1/12	OAD_
į	odmis	sion) STATE A	deceased lived, if institution	11	13c. CITY OR TO		ATTS? 136 STREET AND NUMB	R / P	1
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			yes give war or dates of service)	705-10-50		/ (/	SALED //a/	100 + 540	WI
		ID CAUGE OF DEATH (nter only one cause per lin			yar Olli	114 1-15 1411	APPROXIM	ATE INTERVAL
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ı		rise to immediate caus stating the underlying	e (a), (D)	S A ONSEQUENCE OF	un .				
ı		lost.	(c)						
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO T	E TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)		
	ž	473 X							
Į	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PI	ERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FIND CAUSES OF DEATH?	NGS CONSIDERED IN CEI	RTIFYING
	RIF					YES NO			
		210. ACCIDENT WAS UNI		INJURY Manth Day Yeor		INJURY OCCURRED (Enter	nature of injury in Part 1 or P	ort 2, Item 18.)	
	MEDICAL	(If either, notify medical	exominer) P.M		9				
		21d. INJURY OCCURRED While Not while of work	218. PLACE OF INJURY	OFFICE BUILDING, ETC.	Clort.) 21f LOCA	ION Street or R F D. Na.	City or Town	County	State
	4	at work ot work	(I) (this beautiful) after		ad from Zih	er / 2mt 10/a	0 10 / 10 755	10 In C that	/D. /www. look
		saw the decea	(1) (This naspitar) arre	naea the deceas	led from 220	nat in (mv) (our) opir	o, to une 150	ne date and haur a	(1) (wa) last
	lł	dauses stated	above, (!) (w e) (did) (did not) view the	body after dec	th.			
		22b. SIGNATURE	110/1	2 /	2.10	ATTENDING M	ED. C STAFF	22c. DATE SIGNED	
		10	WICK)ush	DEGETE	PHYS. DI	RECTOR PHYS.	YUNG 2	8 1968
	1	22d: PHYSICAMS NAME (Type)	oseph E.	Bush	MD	A A-M	STEAD	MARILAN	12
	220	BURIAL, CREMATION,	23b. DATE	23c NAME OF	CEMETERY OR CR	MATORY	23d LOCATION (City or Town	(County)	(State)
	B	PEN (Y) (Specify)	June 30, 190		tead Cem		Hampstead Ca		Md.
		UNERAL DIRECTOR	The 2 1	ADDRESS		2Sa. REC'D BY		RAR'S SIGNATURE	las.
	T	ThroH - ETI	me Funeral	nome Hampi	result W	d. DATEJUL	- 1 1968 8	and have	7



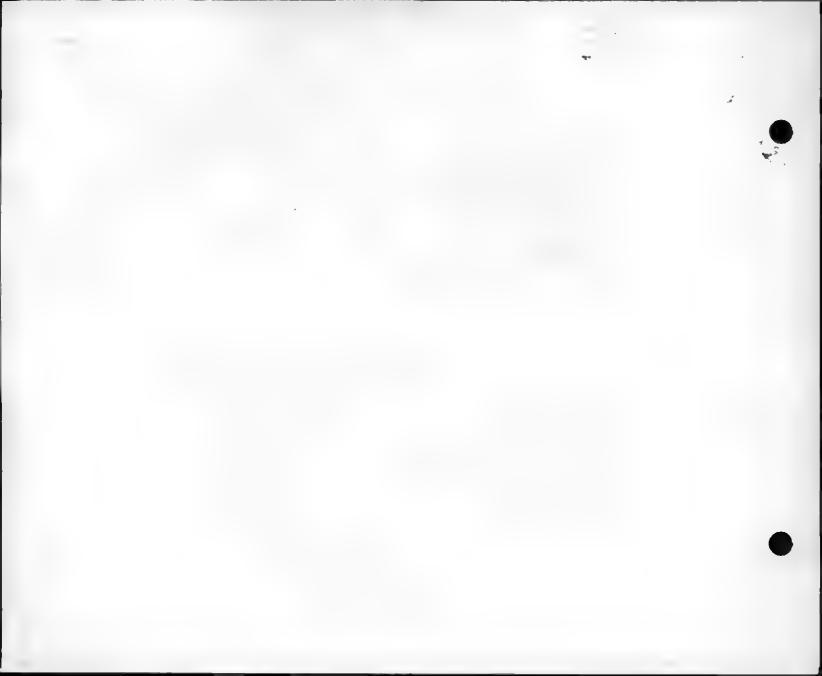
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE-OF DEATH First 2b. HOUR deoth. law requires that the death certificate be executed within 24 hours ofter death funeral Month puo (Type or pnnt) Dov 3. SEX 4 RACE S. DATE OF BIRTH IF UNCER I YEAR 6. AGE (In years IF UNDER 24 HRS. last birthday) MONTHS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 75 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED counter WIDOWED Z DIVORCED [physician and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)

CHIROLL CO- GENV ond in ony event, within 10. CITY OR TOWN OF DEATHL 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRY please remove carbon 13a. LSUAL RESIDENCE (Where deceased tived, it institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e. STREET AND NUMBER odmission) STATE 14 FATHER S NAME Middle 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (II yes give war or dates of service) -20-4366 MA Yes, no. or unknown) cremotion, ar removal, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital or attending os the prior to Page 4 may be retained by the hospital or attenuing O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TH od for use of Healthy 21g ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Day Year be detached f State Dept of t P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work TENDING 19-8 saw the deceased alive an..... 6/30 and that in (my) (aur) apinion death accurred on the date and hour and from the director, page 3 should causes stated above, (1) (did) (dident) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE 22d PHYS CTAN S 22e ADDRESS 23b. DATE (State) 25b REGISTRAR VR A15 (4) 30M REV. 1/68

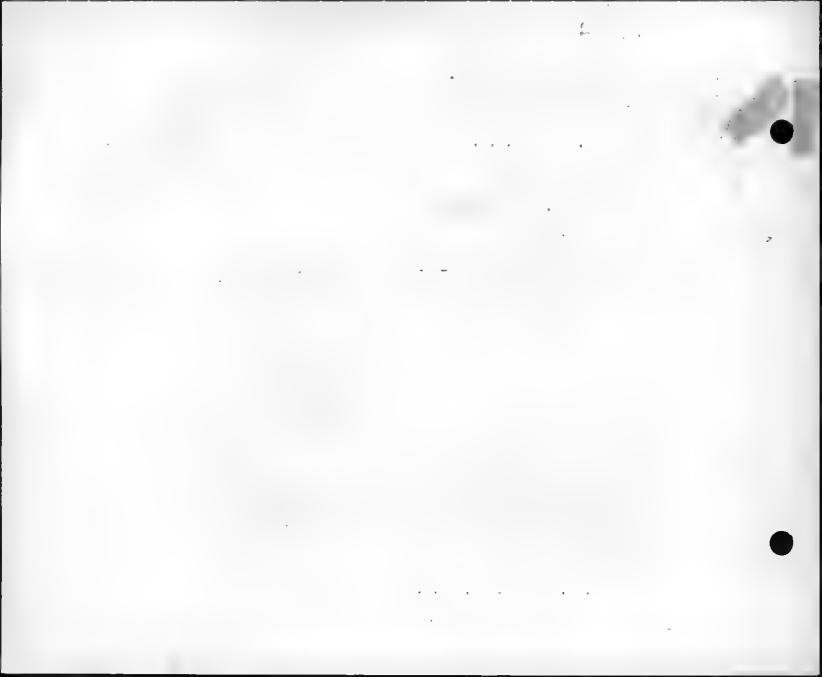
MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

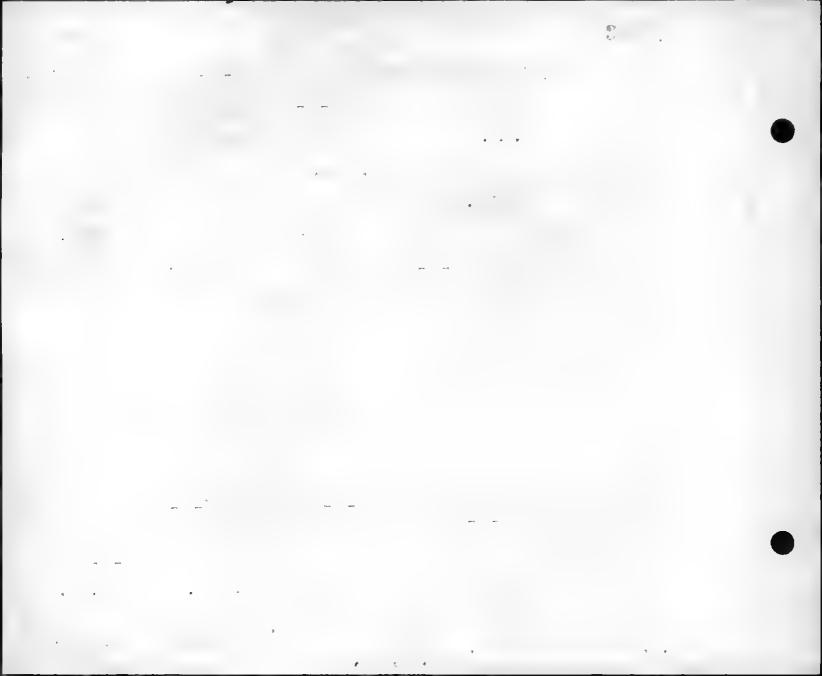
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30M RE

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C - C - C + F		EKIIFICA	ALE OF DEAL	l II		, "	28
1. DECEASED-NAME Firs	t Middle		Last	2a. D	ATE OF DEATH		2b HOUR
(Type or print) Mary	Matilda Schultz Stu	erken		6.	-16-68 ^{Manth}	Day Year	5-AN
3. SEX	4. RACE	!	S. DATE OF BIRTH		A ACE (In unger	IF UNDER 1 YEAR MONTHS QAYS	F JNDER 24 HRS. HOURS MIN.
Female	White		8-22-77		last birthday)		INJUICO MINI.
7a BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	NTY OF DEATH		
countMaryland	U.S.A.	WIDOWEDX	DIVORCED [Ca	arroll		Md
10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not	t in hospital 12a		PATION (Kind of work don		BUSINESS OR
Sykesville	give Steet address fiel	d St. 1	Hosp.	ng most gr w	arking life, even if retired	Own H	lome
13a. USUAL RESIDENCE (Where decer	ased lived, if institution. Residence before	13c. CITY OR T	TOWN 13d. INSIDE		13e STREET AND NUMBER		
odmission Maryland	13b Balto- City	Balti	more YESX	NO [508 Oakland	Avenue	
14 FATHER'S NAME First	Middle Lost	IS.	MOTHER'S MAIDEN NA	AME First	Middle		Lost
William Schu			NO PARTIE NO	K Mai	cy	Heis	se
160. WAS DECEASED EVER IN U.S. AR	s want for disting of panaga)		FORMANT		Address		
None (# yes give	215-50-89		pringfield	l Hospi	ital Records		CMATE INTERVAL
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), and (c).)		,	-			ONSET AND DEATH
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7 GROME	Brani Syndime	20 1	to Arters				
190 DATE OF OPERATION 196	b. CONDITION FOR WHICH OPERATION WAS PER	RFORMED	20o AUTOPSY?		206 IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	ERTIFYING
E ACCIDENT MAR UNIDERLY	THE T	las ital		0 🕱			
		21c HOV	W INDURY OCCURRED	(Enter noture	of injury in Port 1 or Part	2, Item 18.)	
OR CONTRIBUTING CAUSE OF OE							
≥ 21d INJURY OCCURRED 21d While Mat while at work	e PLACE OF INJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING ETC	10K1) 211 LOC	CATION Street or R.F.	D Na.	City or Tawn	County	State
at work at work	t t s b o l l t	11 5	JA 65	10	- / 3/ /0	10 11	. (1) () (
saw the deceased	his haspital) attended the decease al ve an 6-16-68	o tram <u>ond</u>	that is (my) (aur	ly, l	enth occurred on the	date and hour	(I) [We) last
causes stated abov	ve, (I) (we) (d.d) (did not) view the b	oady after de	eath.	, apinian o	cam occorred an me	date dita nadi	and ham me
22b. SIGNATURE	160.		ATTENDING -	MED		2c DATE SIGNED	
Josep 1	to I Daguer	DEGRE	E PHYS	DIRECTOR	D STAFF	6-16-68	
22d PHYSICIAN'S NAME (Type) Gla	maita Comini		22e. ADDRESS	01 2 1			
Mart (14be) GTS	zcito Sagisi		Spring		Hosp. Sykes		i
	DATE 23c NAME OF C				LOCATION (City or Town)		(State)
Buria 1 6	/19/1968 Immanu	el Ch	urch Cem	Ba	ltimore.		ryland
24. EUNERAL DIRECTOR H.W.Jenkins &	Sons Co. 4905 to	rk Ro	ad 25a Ri	A A I I	PAR 1968 B. REGISTON	o Schwillst	when
	Balto 12	Mr	DATE	L		U	



MARYLAND STATE DEPARTMENT OF HEALTH



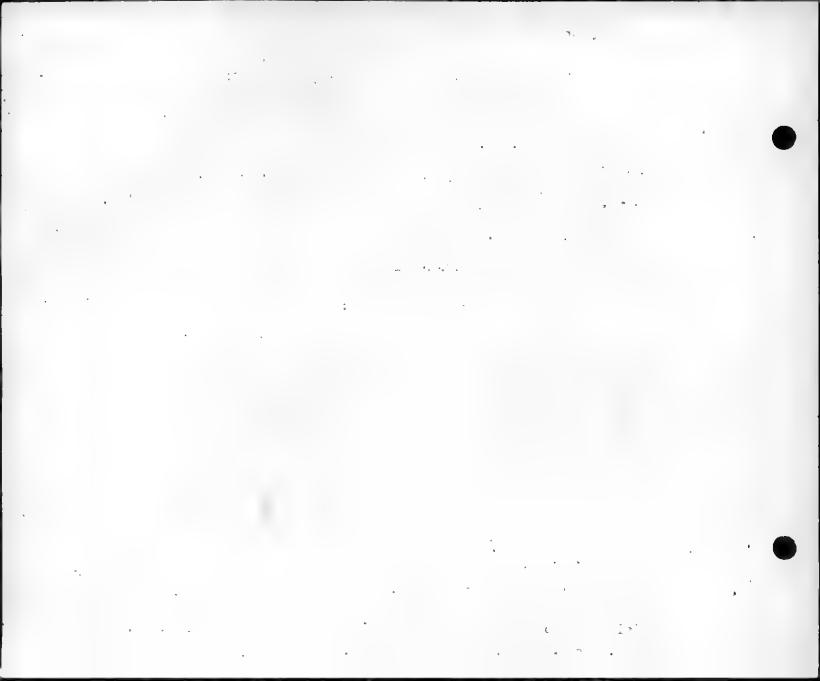
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

in	· 0 5 2 4		CERTIFICATE OF DEATH							08349			
1. DECEASED-NA/ (Type or prin			Middle		Lost		2a. DA	TE OF	DEATH Manth	Dav	Year	2b. HOUR	
fishe or bitu	ETHE	با	BLANCHE		TURNER	?	JU	NE	3, 1968	duy	rear	6:00	
3. SEX		4. RACE			S. DATE OF I				6. AGE (In year		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
Fema]	Le	White			3-16	5-13			lost birthday) 55	YRS.	MUNITS DATA	nouks min.	
70 BIRTHPLACE country)	(State or fareign	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED	X NEVER MA	RRIED	9. COUN						
Mary	rland	U.S.A.		WIDOWED		ORCED 🔲		rro				M	
Sykesvi	llle	give Sp	AME OF HOSPITAL OR INST street oddress) pringfield	State	Hospit				(Kind of work ife, even if reti		12b KIND OF INDUSTRY	BUSINESS OR	
130. USUAL RESI	DENCE (Where decease	d lived, if instituting the country	tion: Residence before			136. INSIDE CITY LIA			EET AND NUMB 3 Beech		e.		
14 FATHER'S NA		Middle	lore~Ul Cy	Balti		MAIDEN NAME FI			Mid			1- 1	
14 PAIRIEKS NA	William	Middle	Wilhel		, MUITEKS A	_	race		wid	ale	,	lost Alban	
14m WAS DECEM	ASED EVER IN U.S. ARM		16b. SOCIAL SECURITY N		NFORMANT	4,1	Tace		Addi			rivan	
Yes, po, or un	known) (It yes give wo	trandates of service)	xxxx218221	_		, Spring	gfie	ld			ital		
IB. CAUSE	OF DEATH (Enter ani	ane cause per li	ine far (a), (b), and (c).)								APPROXI.	MATE INTERVAL INSET AND DEATH	
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lost.	e underlying cause	(d)		10000	,								
PART 2 0	THER SIGNIFICANT CON	DITIONS CONTRIBL	JTING TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE ORCO	ONDITION	GIVEN	IN PART 1(o)				
z 420	71												
		ONDITION FOR WE	WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?			OPSY?	20b IF YES, WERE FINDINGS COI			NSIDERED IN CERTIFYING			
읦				YES NO CAUSES OF				OF DEATH?	TH? Yes				
	DENT WAS UNDERLYING		F INJURY	21c. H		CURRED (Enter	r nature c	of injury	y in Part 1 or P	ort 2, Ite	em 1B.)		
	BUTING CAUSE OF CEATH		Month Doy Year								,		
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of work —	of work	1 1 1 1	1.1.1.1	1.7	-25-5	8 10	A	. 5	-4-58	10	al a	(1) () 1	
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22b. SIGNA			^							22c D/	ATE SIGNED		
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22d PHYS	KIAN'S (Type) Agust	in del (Campo, M. D		22e. AD	DRESS Spr	_		d State Maryla		-		
23a BURIAL CR	EMATION. 23b D	ATF	23c. NAME OF C	EMETERY OF	CREMATORY				N (City or Town		(County)	(State)	
REMOVAL I	Specific				CHEMISTON!		100		. ,	,	(canal)	faioral	
24. FUNERAL DI		/6/68	Cobar	BILL		2So REC'D RI	Y REGISTI	RAR	2Sb. REGIS	IRAR'S S	IGNATURE.		
	7 Chanama	th In 7	617 Charty	+ A		111		10	CQ VL	lien	MAN JAK	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	

eral and 2 death. 24 hours after death. papers TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban pages and the state Dept. af Health priar ta burial, crematian, ar remayal, and in any event, with Page 4 may be retained by the haspital ar attending physician. OM REV. 768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08350 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR law requires that the deoth certificate be executed within 24 hours ofter deoth (Type or print) orplytely filled in by the fune by carbon popers. Poges 1 d event within 72 hours after di 3. SEX 4 RACE 6 AGE (In years last birthday) IF JNDER 1 YEAR IF UNDER 24 HR! PHTHOM DAYS HOURS Female YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED WIDOWED 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** esvi 130 USJAL RESIDENCE (Where deceosed lived, if institution Residence before 3d. INSIDE CITY LUMITS? 13c. CITY OR/TOWN 13e STREET AND NUMBER odmission) STATE 13b. COUNTY 9 by the ottending physician and controls; tonsit permit. Then please remove any 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Lost Lost burial, cremotion, or removal, and in bu 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) DUE TO OR AS A Conditions, if ony, which gove) buriol-tronsit nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE_OF stating the underlying couse signed | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) the with the Stote Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING use os CAUSES OF DEATH? YES 🗀 NO T be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) वृ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical exominer) P.M. be detached 21d INJURY OCCURRED 210. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No Stote City or Town County of work 22a. I certify that (I) (this haspital) attended the deceased from 🕏 190 saw the deceased alive an. 196 and that in (my) (aur) apinion death accurred on the date and hour and from the should causes stated abave, (1) (we) (did (did not) view the bady after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING STAFF director, page 3 should be filed v DEGREE PHYS DIRECTOR PHYS. PHYSICIAN S 22e ADDRESS NAME (Type 015 236 BURIAL CREMATION 23b DATE MAME OF CEMETERY OR CREMATORY 23d 23c (County) (Stote) REMOVAL (Specify) 280 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR AT Williamlan 30M REV



TO FUNERAL DIRECTOR: After this certificate director, should b 30M REV

22b. SJGNATURE

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

PHYSICIAN. NAME (Type)

10 SCLEROTIC CARPIOVASCULAR DIS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Stote County 22a. I certify that (I) (this haspital) attended the deceased from 1900, 1900, ta 1000, ta 1000, ta 1000, that (I) (we) last saw the deceased alive and 1000 to 1000 t causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR 22e. ADDRESS 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 2So. REC'D BY REGISTRAR DATE

38351

IF UNDER I YEAR

INDUSTRY

MONTHS

2b. HOUR

IF UNDER 24 HRS.

HOURS

12b. KIND OF BUSINESS OR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08348 08352 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH (Type or print) Month 6. AGE (In years last birthday) 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MALE OAYS NHITE requires that the death certificate be executed within 24 haurs 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED [within 11. NAME OF FIOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY and in any event, 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE TITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE 14. FATHER'S NAME Middle Last 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no, or unknown) [(If yes give war or dates of service) ar remayal, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. BRONCHOGENIC CARCINOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🗆 of far use of Health p 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Nat while at work 22a. I certify that (i) (this haspital) attended the deceased fram. 128 , 1968 , ta 6/12 1966, and that in (my) (our) apinion deoth occurred on the date and hour and from the saw the deceased alive an_ couses stoted obove, (1) (we) (did) (did not) view the bady ofter death. 225 STENATURE 22c. DATE SLØNED ATTENDING director, page shauld be filed PHYS. PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County)

Charles

VR A15 (4)

21521 8350-1 772 3480 Transless Trans WELL PRINCE THE THREE LL THERMAL CHECKING, NORMAN ENGLISH THE THROUGH INCOME SALMMAN THROUGH IN THE I SHAVEL ZINGA ABARCE CUZARECH ARNOLU NO SECURE AND WILLIAM SING FOR SO FOR ES TO THE STANDED STANDED STANDED TO SEE THE The second of th